1019

INTERNATIONAL HEALTH ACT OF 1966

HEARINGS

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

EIGHTY-NINTH CONGRESS

SECOND SESSION

ON

H.R. 12453

A BILL TO AMEND THE PUBLIC HEALTH SERVICE ACT SO AS TO HELP TRAIN AND OTHERWISE PROVIDE PROFESSIONAL HEALTH PERSONNEL FOR HEALTH WORK ABROAD, AND FOR OTHER PURPOSES

FEBRUARY 15 AND 16, 1966

Serial No. 89-29

Printed for the use of the Committee on Interstate and Foreign Commerce

U.S. GOVERNMENT PRINTING OFFICE
59-494 WASHINGTON: 1966

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

HARLEY O. STAGGERS, West Virginia, *Chairman*

WALTER ROGERS, Texas
SAMUEL N. FRIEDEL, Maryland
TORBERT H. MACDONALD, Massachusetts
JOHN JARMAN, Oklahoma
LEO W. O'BRIEN, New York
JOHN E. MOSS, California
JOHN D. DINGELL, Michigan
PAUL G. ROGERS, Florida
HORACE R. KORNEGAY, North Carolina
LIONEL VAN DEERLIN, California
J. J. PICKLE, Texas
FRED D. ROONEY, Pennsylvania
JOHN M. MURPHY, New York
DAVID E. SATTERFIELD III, Virginia
DANIEL J. RONAN, Illinois
J. OLIVA HUOT, New Hampshire
JAMES A. MACKAY, Georgia
JOHN J. GILLIGAN, Ohio
CHARLES P. FARNSLEY, Kentucky
JOHN BELL WILLIAMS, Mississippi

WILLIAM L. SPRINGER, Illinois
J. ARTHUR YOUNGER, California
SAMUEL L. DEVINE, Ohio
ANCHER NELSEN, Minnesota
HASTINGS KEITH, Massachusetts
WILLARD S. CURTIN, Pennsylvania
GLENN CUNNINGHAM, Nebraska
JAMES T. BROYHILL, North Carolina
JAMES HARVEY, Michigan
ALBERT W. WATSON, South Carolina
TIM LEE CARTER, Kentucky

W. E. WILLIAMSON, *Clerk*
KENNETH J. PAINTER, *Assistant Clerk*

Professional Staff

ANDREW STEVENSON
KURT BORCHARDT
JAMES M. MENGER, Jr.
WILLIAM J. DIXON

CONTENTS

INTERNATIONAL HEALTH ACT OF 1966

TUESDAY, FEBRUARY 15, 1966

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The committee met at 10 a.m., pursuant to call, in room 2123, Rayburn House Office Building, Hon. Harley O. Staggers (chairman) presiding.

The CHAIRMAN. The committee will come to order.

We are beginning hearings this morning on H.R. 12453, the proposed International Health Act of 1966, which I introduced February 2 at the request of the administration in order to carry out recommendations made by the President in the health field in his message on international education and health.

The bill establishes a program of grants to schools of health to establish, expand, and operate programs for specialized training of persons to serve as members of any of the health professions for health work in foreign countries. The bill also provides authority for the appointment of members of the health professions to serve in the regular corps or the Reserve corps of the Public Health Service for the purpose of acquiring training and experience in matters relating to health work in foreign countries, to obtain advanced training in the field of international health, or to serve on detail to another executive department, international organization, or foreign country, to carry out matters relating to health work in foreign countries.

The first-year goal under this program will be to increase by at least 500 the number of graduate students preparing to participate in international health activities; to provide for the recruitment of 100 outstanding young Americans to serve as international health associates, and to establish 50 special fellowships in international health.

At this point in the record there will be included the text of the bill and the agency reports thereon.

(The bill and reports follow:)

[H.R. 12453, 89th Cong., 2d sess.]

A BILL To amend the Public Health Service Act so as to help train and otherwise provide professional health personnel for health work abroad, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "International Health Act of 1966".

DECLARATION OF PURPOSE

SEC. 2. The Congress hereby finds and declares that in keeping with the highest American traditions of offering hope and help to other nations, and to strengthen worldwide efforts to rid mankind of the scourge of disease, it is in the interest of this Government to develop and strengthen the capability of the United States

to provide assistance to those countries who are working to help themselves develop needed health services; and that, therefore, it is both necessary and desirable for this Government to assist in providing our share of the health workers needed to man the post of the health battle throughout the world.

SEC. 3. Section 308 of the Public Health Service Act is amended by—

(1) changing the heading to read

"TRAINING FOR INTERNATIONAL HEALTH WORK; INTERNATIONAL COOPERATION IN HEALTH RESEARCH AND SERVICES";

(2) redesignating subsections (b), (c), and (d) as paragraphs (2), (3), and (4), respectively, and by redesignating paragraphs (1), (2), (3), (4), (5), and (6) of such subsection (b) as subparagraphs (A), (B), (C), (D), (E), and (F), respectively, and paragraphs (1) and (2) of such subsection (d) as subparagraphs (A) and (B), respectively;

(3) striking out "section" where it appears in such redesignated paragraphs (2), (3), and (4) and inserting in lieu thereof "subsection";

(4) striking out "SEC. 308. (a)" and inserting in lieu thereof "(b)(1)"; and

(5) inserting immediately below the heading of such section the following:

"GRANTS TO SCHOOLS FOR TRAINING FOR INTERNATIONAL HEALTH WORK

"SEC. 308. (a)(1) In order to develop and expand the capacity of institutions of higher education to train professional health personnel for work in international health, there are authorized to be appropriated for the fiscal year ending June 30, 1967, $10,000,000, and for each of the next four fiscal years such sums as may be necessary. Sums so appropriated shall be used for grants to any school of health whose application therefor is approved by the Surgeon General upon his determination that—

"(A) such school is an accredited public or nonprofit private school of health;

"(B) such grant will assist in carrying out the purposes of the International Health Act of 1966;

"(C) the application contains or is supported by assurances satisfactory to the Surgeon General that Federal funds made available under this subsection for any fiscal year will be so used as to supplement and, to the extent practical, increase the level of funds which would, in the absence of such Federal funds, be made available for the training aided by such grants, and in no case will supplant such non-Federal funds;

"(D) the application contains such additional information and assurances as the Surgeon General may find necessary to carry out the purposes of this subsection;

"(E) the application provides for such fiscal control and accounting procedures as the Surgeon General may find necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant under this subsection; and

"(F) the application provides for making such reports, in such form and containing such information, as the Surgeon General may require to carry out his functions under this subsection, and for keeping such records and affording such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports.

"(2) In considering applications for grants under this subsection, the Surgeon General shall take into consideration the relative financial need of the applicant for the grant and the relative effectiveness of the applicant's plan in carrying out the purposes of the International Health Act of 1966.

"(3) Grants under this subsection may be used to pay all or part of the cost of establishment, expansion, and operation of programs for the specialized training of persons who are, or are in training to become, members of any of the health professions for health work in foreign countries, including the cost of grants to the staff of the school for travel in foreign areas, regions, or countries, and the cost of travel of foreign scholars to teach or assist in teaching in such programs and the cost of their return, and such grants shall be made on such conditions as the Surgeon General finds necessary to carry out the purposes of this subsection. Such grants may also include funds for stipends (in such amounts as may be determined in accordance with regulations) to individuals undergoing training

in such programs, including allowances for dependents and for travel here and abroad.

"(4) For purposes of this subsection—

"(1) the term 'school of health' means a school of medicine, school of dentistry, school of osteopathy, school of pharmacy, school of optometry, school of podiatry, school of public health, or school of nursing, as defined for purposes of part B of title VII, or any other school providing training, leading to a baccalaureate or higher degree, in any of the other health professions, or allied health professions, or other professions related thereto, which are included in regulations; and

"(2) the term 'nonprofit' as applied to any such school means a school which would be accredited and nonprofit within the meaning of such part B;

"(3) the term 'accredited' as applied to any such school means a school which would meet the requirements for accreditation under section 721(b)(1)(B), 'International Cooperation in Health Research'."

INTERNATIONAL HEALTH ASSOCIATES AND FELLOWS IN INTERNATIONAL HEALTH

SEC. 4. The Public Health Service Act is further amended by inserting after section 212 the following new section:

"INTERNATIONAL HEALTH ASSOCIATES AND FELLOWS; ESTABLISHMENT OF A CAREER SERVICE IN INTERNATIONAL HEALTH

"SEC. 213. (a) For the purpose of increasing the number of experienced professional health personnel available for health work in foreign countries and related health work, any person who is a member of one of the health professions may be appointed in the Regular Corps or the Reserve Corps pursuant to section 207, for duty with the Service or for detail, to any other executive department or to any international organization (entitled as such to enjoy the privileges, exemptions, and immunities under the International Organizations Immunities Act), for the purpose of acquiring training and experience in matters related to health work in foreign countries. Any person so appointed shall, for the period of such appointment, be designated as an associate in international health.

"(b)(1) For the purpose of securing outstanding members of the health professions to serve in positions of leadership with the Public Health Service in the field of international health, any person who is a member of any of the health professions, who has had some experience in health work in a foreign country or work related thereto, may be appointed to a special fellowship in the Service to enable him to secure advanced training, in matters related to such health work, at any accredited public or nonprofit private school of health. For such purpose, such advanced training may also be provided for commissioned officers of the Service pursuant to section 218. For purposes of this paragraph—

"(A) the term 'school of health' means a school of medicine, school of dentistry, school of osteopathy, school of pharmacy, school of optometry, school of podiatry, school of public health, or school of nursing as defined for purposes of part B of title VII, or any other school providing training, leading to a baccalaureate or higher degree, in any of the other health professions, or allied health professions, or other professions related thereto, which are included in regulations; and

"(B) the terms 'accredited' and 'nonprofit' as applied to any school mean a school which would be accredited and nonprofit within the meaning of such part B.

"(2) Any such fellowship shall include the cost of tuition and fees at the school plus such stipend and allowances, including allowances for dependents and for travel, as may be prescribed in accordance with regulations.

"(3) The provisions of subsection (b) of section 218 shall apply in the case of any person appointed to a fellowship under this subsection to the same extent as they apply in the case of a person receiving training under subsection (a) of section 218, except that, for purposes of such subsection (b), service by any such person with any other executive department or international organization (entitled as such to enjoy the privileges, exemptions, and immunities under the International Organization Immunities Act) in connection with matters related to health work in foreign countries shall be regarded as service for the Public Health Service.

"(c)(1) Any person who is a member of any of the health professions may be appointed to the Regular Corps or the Reserve Corps for detail to another execu-

tive department or to an international organization (entitled as such to enjoy the privileges, exemptions, and immunities under the International Organizations Immunities Act) to assist in carrying out responsibilities of such department or organization in matters related to health work in foreign countries.

"(2) Any person who is a member of any of the health professions may be appointed to the Regular Corps or the Reserve Corps for detail to any foreign country at the request of the Department of State.

"(3) Any person detailed pursuant to paragraph (1) to another executive department shall be deemed to have been detailed under subsection (a) of section 214. The provisions of subsection (d) of such section shall be applicable in the case of any other person detailed under paragraph (1) or (2) to the same extent as they apply in the case of a person detailed under subsection (b) or (c) of such section 214, except that, in accordance with agreements with the country or organization to which any such person is detailed, provision may be made for reimbursement, in whole or in part, to the Service for his salary and allowances.

"(d) Any person appointed under subsection (a) or (c) shall not, while serving as provided in such subsection, be counted as a commissioned officer of the Regular Corps for purposes of the limitations in the applicable appropriation Act on the number of commissioned officers who may be on active duty in the Regular Corps."

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, D.C., February 14, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives,
Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of February 4, 1966, for a report on H.R. 12453, a bill to amend the Public Health Service Act so as to help train and otherwise provide professional health personnel for health work abroad, and for other purposes.

This bill was sent by us to the Speaker of the House of Representatives in order to carry out the recommendations for legislation relating to this Department's responsibilities in international health, described in the President's message on international health and education.

A more detailed justification for this legislative proposal will be presented in testimony before your committee.

We urge that your committee give favorable consideration to this bill and that it be enacted by the Congress.

We are advised by the Bureau of the Budget that enactment of this proposed legislation would be in accord with the program of the President.

Sincerely,

WILBUR J. COHEN,
Under Secretary.

U.S. DEPARTMENT OF LABOR,
OFFICE OF THE SECRETARY,
Washington, D.C., February 14, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives,
Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request for comments on proposed legislation, H.R. 12453, International Health Act of 1966.

The bill would authorize $10 million for the fiscal year ending June 30, 1967, to develop and expand the capacity of institutions of higher education to train professional health personnel for work in international health.

The Department favors the enactment of this legislation, which is designed to carry out a recommendation in the President's special message on world health and education. We defer to the Department of Health, Education, and Welfare for detailed comment on the need for and provisions of this proposal.

The Bureau of the Budget advises that it has no objection to the submission of this report.

Sincerely,

W. WILLARD WIRTZ,
Secretary of Labor.

DEPARTMENT OF STATE,
Washington, D.C., February 15, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: Thank you for the opportunity to comment on H.R. 12453, a bill entitled "International Health Act of 1966."

The Department of State strongly supports the bill's declaration of purpose—"to provide assistance to those countries who are working to help themselves develop needed health services." To assure that foreign assistance programs are effectively integrated and that the foreign policy of the United States is best served thereby, the Secretary of State under such provisions of law as section 622(c) of the Foreign Assistance Act, and section 4(c) of the Peace Corps Act, already coordinates and reviews U.S. international health programs such as those financed by AID, Peace Corps health projects, contributions to WHO, and regional health organizations, and the like.

The Department understands that the proposed legislation is not intended to create additional authority for the Public Health Service to detail its personnel abroad. Rather, it is intended to provide authority to hire additional personnel in order to establish a "career service in international health." In this context, it is assumed, therefore, that the specific reference in section 213(c)(2) to "detail to any foreign country at the request of the Department of State" is meant to affirm that any details abroad of the new international health associates and fellows appointed under section 213 will be pursuant to authorities under other legislation and that they will require the approval of the Secretary of State as part of his general coordination and review responsibility for U.S. international health programs.

The Department wishes to note also that the authority conferred by the bill would not affect the existing authority of agencies other than the Department of Health, Education, and Welfare to carry out training for international health work.

The Bureau of the Budget advises that from the standpoint of the administration's program there is no objection to the submission of this report and enactment of this bill is in accord with the program of the President.

Sincerely yours,

DOUGLAS MACARTHUR II,
Assistant Secretary for Congressional Relations
(For the Secretary of State).

COMPTROLLER GENERAL OF THE UNITED STATES,
Washington, D.C., March 1, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives.

DEAR MR. CHAIRMAN: Reference is made to your letter of February 23, 1966, requesting our comments on H.R. 12453 which, if enacted, would be cited as the "International Health Act of 1966."

The bill would amend the Public Health Service Act, 42 U.S.C. 201 et seq., by authorizing the Surgeon General to make grants to schools of health to be used to help train and otherwise provide professional health personnel for health work abroad. Since the question whether grants should be made for such purpose appears to be a matter primarily for the Congress to determine, we make no recommendations regarding the merits of the bill.

We should like to point out, however, that while section 308(a)(1)(F) of the bill would require recipients of grants to keep such records as may be required by the Surgeon General and to afford him access thereto, the bill makes no provision for access to grantees' records by the Comptroller General. In view of the large sums that will be involved in this program, we firmly believe that provision for such access should be made. This could be accomplished by inserting in the bill a subparagraph (G) following section 308(a)(1)(F) as follows:

"(G) the application provides that the Comptroller General of the United States or his duly authorized representatives shall have access for the purpose of audit and examination to the records specified in subparagraph (F) of this section."

This suggested provision is similar to those contained in a number of other acts providing grants for various purposes. See, for example, section 604(a)(11) of the Public Health Service Act as added by Public Law 88-443, approved August 18, 1964, 78 Stat. 453.

Sincerely yours,

FRANK H. WEITZEL,
Acting Comptroller General of the United States.

Our first witness this morning will be the Secretary of Health, Education, and Welfare, Mr. Gardner. This will be Secretary Gardner's first appearance before this committee. We want to welcome you here today, Mr. Secretary, and to assure you of our cooperation in working together to try to make a more healthy America.

You may proceed.

STATEMENT OF HON. JOHN W. GARDNER, SECRETARY OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. WILLIAM STEWART, SURGEON GENERAL, U.S. PUBLIC HEALTH SERVICE; AND DR. PHILIP R. LEE, ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Secretary GARDNER. Thank you, Mr. Chairman.

This is not only my first appearance before this committee, this is my first appearance as Secretary before any committee. This is my baptism. I have a statement. May I read this statement?

The CHAIRMAN. You may read it or put it in the record and talk from it, any way you want. You may proceed.

Secretary GARDNER. I think it is not too lengthy. Perhaps I should read it.

The CHAIRMAN. All right.

Secretary GARDNER. Mr. Chairman and members of the committee, I am pleased to present testimony in behalf of the proposed International Health Act of 1966, H.R. 12453, introduced by the distinguished chairman of this committee.

The President made clear in his international education and health message why this legislation is important. He said:

We would be shortsighted to confine our vision to this Nation's shorelines. The same rewards we count at home will flow from sharing in a worldwide effort to rid mankind of this slavery of ignorance and the scourge of disease.

We bear a special role in this liberating mission. Our resources will be wasted in defending freedom's frontiers if we neglect the spirit that makes man want to be free.

One of the necessities of our time is to create the kind of relationships with other countries which will enable all of us to live in peace. More than ever before, all of us recognize that the hazard of war is greater than any other.

There may be many ways to reduce this hazard, but there are few which are better than establishing constructive working relationships in those fields of human endeavor in which all men share the same aims, the same hopes, the same goals. Health is such a field. There are no better grounds on which we can meet other nations and demonstrate our own concern for peace and the betterment of mankind than in a common battle against disease.

To this field, we can bring special competence. We can address ourselves to the alleviation of serious but soluble problems. We can relate ourselves constructively to others in improving international understanding and cooperation.

Furthermore, when we engage in such shared work with the health professions in other lands, particularly in the developing nations, we are relating ourselves to key groups and individuals, destined to play vitally important roles in shaping the future of their countries.

It is important to note that any aid to improve the health of people in other countries—especially in the developing nations—will be a substantial contribution not only to their health status and their freedom from disease, but also to their educational status, their food production, their economic strength, their social stability, and the attainment of that level of social and economic development which will permit them to be self-sufficient and self-supporting.

We could bring these great benefits to many nations simply by exporting our know-how, at relatively little cost to ourselves.

Much of the assistance so desperately needed by the developing nations will require no new discoveries, no new drugs or vaccines, no major scientific breakthroughs. Hundreds of millions of people are crushed under the pressures of rapid population growth; yet today we know effective family planning techniques.

Hundreds of millions of people—many of them young children—are weakened, crippled, and destroyed by hunger and malnutrition; yet today the control of starvation poses no major mysteries for our experts.

Hundreds of millions are sickened and even killed by diarrheal infections, measles, smallpox, cholera, and a host of other infectious diseases; yet today we have methods which can prevent or control most of them.

Millions are weakened and killed by malaria; yet today we have techniques which cannot merely control malaria but eradicate it completely.

Where these methods have been applied—and they have been applied in many countries, including our own—the results have often been dramatic. But they are not yet being adequately applied in many areas of Asia, Africa, and Latin America today.

As I said, we could be of great help and at relatively little cost to ourselves. But there is one obstacle. At present we do not have the trained manpower to furnish the essential skills, guidance, instruction, and leadership.

The proposed legislation we are considering today is intended to make that trained manpower available. It is designed to overcome the obstacles which now exist to the recruitment, training, and participation of top-quality American healthworkers in these vitally important programs.

This cannot be done under existing legislative authority. The agencies operating under our foreign assistance programs have never developed a career program for health professionals, and because of this they have been able to retain only a limited number of the expert healthworkers required. The United States provides more than one-third of the funds to support the World Health Organization and the Pan American Health Organization, yet these organizations have

only a handful of Americans working in their programs because we have not created an adequate means to supply more.

Past efforts to recruit and retain top-quality healthworkers in international careers have been thwarted because of the limited training opportunities and the lack of an adequate career program.

In international public health, specialized training and experience is an absolute necessity. The training most American students receive in our universities and professional schools today simply does not provide them with the foundation required for the exacting tasks in the field.

Consider the specifications for positions which we must fill now. Our present requirements range from the Public Health Service surgical teams in Vietnam to the scientist in the cholera research laboratory in Pakistan; from the young medical officer protecting the health of Peace Corps volunteers in Iran to the sanitary expert coping with infant diarrheal disease in northeast Thailand; from the parasitologist studying tropical diseases in Panama to the veterinarian needed to fight rabies in Latin America.

Across the globe other specialists are needed to cope with other assignments. The worldwide malaria eradication program currently receives U.S. support in 15 countries, and experts are needed to man key positions in this program. The program to control measles and eradicate smallpox in 19 West African countries needs leadership which must be provided by Public Health Service officers.

Programs now being developed in family planning, maternal and child health, and nutrition require increasing numbers of healthworkers who must be specifically qualified to cope with health projects in remarkably different geographical and cultural areas. Add the steadily increasing need for surgical teams, nurses, malaria eradication workers and other public health specialists in Vietnam alone, and it is clear that we must double the size and capabilities of our international public health team within the year.

We must not forget that these international health programs are also of direct benefit to the American people. The international aspects of communicable disease control have never been better demonstrated than during the past year—a case of suspected smallpox from Africa appears in the District of Columbia; a rabid dog in Mexico bites a child who dies in San Diego; migratory birds from Central America carry encephalitis virus to our shores; our troops in Vietnam are threatened by strains of drug-resistant malaria that they carry back to this country; a famous American correspondent dies of a tropical disease acquired abroad; and thousands of Americans work and travel in once remote areas of the world where they may be exposed to a variety of diseases unknown in or long banished in this country.

The bill before you today, H.R. 12453, is designed to provide requisite academic foundations, supervised field experience, advance training, and multiple career opportunities in international public health.

The first step, to be accomplished by amending the Public Health Service Act, would authorize a new program of grants to American institutions of higher education. The grants would make possible the basic educational foundation for the entire effort. They would permit

the development or expansion of the schools to train professional healthworkers and students in the variety of disciplines involved in this field. Through such grants, the institutions would provide special educational opportunities for American students and faculty to study here and abroad.

This academic training would be of little significance unless there were also opportunities for the individuals trained in this program to put their knowledge and skills to work. Accordingly, H.R. 12453 would add a new section of the Public Health Service Act to increase the number of experienced professional health personnel available for public health work in foreign countries and related activities at home. The new section of the act would make possible the following:

1. Associates in international health;
2. Fellows in international health;
3. Career service in international health.

Let me go over those three.

First, for associates, the Public Health Service would recruit young professionals in the health disciplines to be available for assignment at home and overseas for periods up to 2 years. Their appointment would be in either the Regular Corps or Reserve Corps of the Public Health Service; they would be detailed to the Agency for International Development or the Peace Corps, or to international organizations such as the World Health Organization and the Pan American Health Organization to gain field experience.

They would be assigned to programs in which they would provide service under supervision so that they would benefit greatly by the experience.

The second group, a somewhat more mature group professionally, the fellows in international health, along with selected commissioned officers of the Public Health Service, would be chosen for advanced midcareer training to prepare them for leadership in international public health and its many specialties. The fellows would be drawn from those who had already received professional health experience overseas, either as associates in international health, or as health professionals in the Peace Corps, the Agency for International Development, or other public or private programs. Following completion of this advanced training, the fellows and the commissioned officers in this program would be ready for leadership positions in operating programs.

Finally, the proposed legislation would create a career service in international health, to be established in the Public Health Service. The legislation would permit the Public Health Service to recruit and appoint officers in the Regular or Reserve Corps for detail to other executive departments and international organizations. Such specially qualified officers could also be detailed directly to a foreign country at the request of the State Department.

At present, the number of international health workers now assigned to tasks in Vietnam and elsewhere from the Public Health Service is limited by the domestic program ceilings on commissioned officers. Under the proposed legislation, the Public Health Service officers appointed and detailed to oversea health programs would not be counted against these existing limitations.

There is agreement among the agencies concerned that the great bulk of our career international health professionals must be based

in the Public Health Service. Other alternative approaches have been tried for the past 20 years without success.

This is a modest program in financial terms, but it will solve a critical manpower problem. It will help to attract more of our best young people into the health professions and keep them there. Moreover, the proposed program will enable this country to establish a vital set of relationships with people in other lands, to help achieve our goal of a peaceful, healthy world.

Before I close, I would just like to reiterate the statements with which I began this testimony. It seems to me at the very top of our agenda is to try to create the kind of world in which we can live at peace with other nations. I can't think of any program or any means of doing this more effectively than to engage in constructive cooperative activities with other nations in those fields in which all men share the same goals, the same purposes.

This is such a field. This is a field in which we can make a unique contribution at relatively little cost to ourselves simply by exporting the know-how which we already have.

I urge your favorable consideration of this legislation.

Mr. Chairman, I have Dr. William Stewart, Surgeon General of the U.S. Public Health Service, and Dr. Philip R. Lee, Assistant Secretary for Health and Scientific Affairs with me. We would be pleased to answer any questions you or other members of the committee may have.

The CHAIRMAN. Thank you, Mr. Secretary.

I intended to mention that you did have with you the Surgeon General of the United States, Dr. Stewart, and Dr. Philip R. Lee, your Assistant Secretary for Health and Scientific Affairs. I wonder if either of these two gentlemen has a statement he would like to make.

Dr. STEWART. No, sir, Mr. Chairman; I have no statement.

Dr. LEE. No additional statement, Mr. Chairman. Thank you.

The CHAIRMAN. Fine. Thank you.

Mr. Secretary, we are very happy to have you with us and I would like to just ask one or two questions.

I notice on page 7 of your statement that you mentioned public and private programs. I just wonder if this program will be limited to public organizations abroad, or will it go into private or religious organizations in any way?

Secretary GARDNER. I believe that the point at which I mentioned public or private programs was when I was enumerating the kinds of programs that these fellows might be drawn from.

The CHAIRMAN. That is true.

Secretary GARDNER. We would not send our people into programs other than Federal programs or the programs of multilateral agencies such as the World Health Organization or occasionally the detailing of someone to a foreign government at the request of the State Department.

The CHAIRMAN. Then it would not in any way be connected with private organizations operating abroad?

Secretary GARDNER. No, sir.

The CHAIRMAN. It would either be with our Government agencies or another government?

Secretary GARDNER. That is right, or the multilateral agencies.

The CHAIRMAN. I notice the bill mentions a certain amount of money to be expended in grants. Do you have any idea what the cost of the bill would be and what is the time limit on it?

Secretary GARDNER. May I speak to the time limit first? We are thinking of this as a continuing part of our international relations. This is not a large program and we are thinking of something that continues as a part of the texture of our international relations, as a part of our normal dealings with people over the years.

Just as we carry on educational exchange and cultural exchange, so we would carry on this exchange in a field in which we can make these special contributions.

With respect to the cost, Dr. Lee, do you have the figures on that?

Dr. LEE. As to the projected costs for the first year of the program, we estimate that the grants to the schools will be $10 million and for the remainder of the program approximately $1.7 million.

The CHAIRMAN. For the remainder?

Dr. LEE. For the associates and the fellowship phases of the programs.

The CHAIRMAN. Give that again, Doctor.

Dr. LEE. $10 million for the grants to the schools of health; $1.7 million is the estimated cost for the first year of the program for the associates and for the fellows.

The CHAIRMAN. In the total program do you have a limit in years?

Dr. LEE. On the projects for aid to the schools of health, the requested authorization is for 5 years. For the associates and for the fellows and for the detail of commissioned officers, that would be a continuing program.

The CHAIRMAN. Mr. Secretary, ordinarily this committee has put a time limitation on new programs so that we can keep in touch with all of these things. It has been sort of a custom and I was just wondering about consideration of the time limit, because that is meant for the purpose of Congress keeping in touch with what is going on.

Secretary GARDNER. I am sorry. I did not intend to ask for a permanent authorization.

The CHAIRMAN. All right.

Mr. Friedel.

Mr. FRIEDEL. Mr. Secretary, I want to commend you for your very fine statement. I thought it was very good. There is one thing that I would like to have cleared up.

You say that—

> This is a modest program in financial terms, but it will solve a critical manpower problem. It will help to attract more of our best young people into the health professions and keep them there.

Have you had trouble before because of salaries or do you contemplate having trouble recruiting these individuals?

Secretary GARDNER. Let me say that that sentence was not a very precise sentence. There are special problems in recruitment that in-

volve considerable periods of service overseas, very often in what the State Department would describe as hardship posts, in assignments which lift one out of the normal pattern of practice and the building of a career that medical people expect. It is in these terms as well as salary that it has been difficult and it is for these reasons necessary to create the kinds of careers that will permit young people to see what the onward pattern is likely to be if they accept a 2-year period of service in Vietnam, or in Africa, or Latin America.

Mr. FRIEDEL. Do you have any set schedule of salaries?

Dr. LEE. The salaries for the associates or for the others will be the same as for other Public Health Service officers at that equivalent level.

When Public Health Service officers are detailed to a foreign country at the request of the State Department, they are senior officials ordinarily. The assignment of these officers is authorized under a separate act that makes it possible to provide them salaries that are equivalent to the salaries of the people in the Foreign Service. Under these circumstances they would have a higher salary during that period of time than they would have as domestic Public Health Service officers.

This same condition prevails for the young medical officers assigned to the Peace Corps. In the Peace Corps Act they come under the same provisions as those detailed to other countries at the request of the State Department.

With respect to those individuals detailed at the request of the State Department, the major group are the people assigned to the Agency for International Development.

Mr. FRIEDEL. What schedule would they be under or what would the range of salaries be in the foreign country?

Dr. LEE. This would depend on the position that they occupy and it would be equivalent to that which a Foreign Service officer would have at that position. The salaries vary and I can't tell you the various ranges.

Perhaps Dr. Stewart has some specific figures on the salary range. I am sure we could obtain the figures.

Dr. STEWART. Mr. Friedel, if they are there as commissioned officers of the Public Health Service they would have salaries in the same range as the military. We are tied into the military rank basis and I don't now remember those numbers, but they range somewhere from $7,000 to the top of the equivalent of a two-star general, so they go from the equivalent rank of a second lieutenant to a two-star general.

That is the range for commissioned officers of the Public Health Service. If they are there at the request of AID or the Peace Corps then they would have the equivalent rank and pay of a Foreign Service officer, and I don't know what those ranges are.

Mr. FRIEDEL. That will be all. Thank you, Mr. Chairman.

The CHAIRMAN. Could you supply this information for the committee?

Dr. STEWART. Oh, certainly.

(The information requested follows:)

TABLE I.—*Comparable ranks of naval, Public Health Service, and Foreign Service officers*

Naval rank	PHS comparable rank	Years	Foreign Service comparable rank
Captain	Director grade officer	20–30	FSR–2.
		14–18	FSR–3.
		2–12	FSR–4.
		2	FSR–5.
Commander	Senior grade officer	18–30	FSR–3.
		10–16	FSR–4.
		2–8	FSR–5.
Lieutenant Commander	Full grade officer	18–30	FSR–3.
		10–16	FSR–4.
		2–8	FSR–5.
Lieutenant	Senior assistant grade officer	10–30	FSR–4.
		4–8	FSR–5.
		2–3	FSR–6.
Lieutenant (junior grade)	Assistant grade officer	8–30	FSR–5.
		3–6	FSR–6.
		2	FSR–7.
Junior ensign	Junior assistant grade officer	8–16	FSR–6.
		3–6	FSR–7.
		2	FSR–8.

TABLE II.—*Foreign Service Reserve salary schedule*

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
FSR–1	$23,465	$24,284	$25,382				
FSR–2	18,954	19,612	20,270	$20,928	$21,586	$22,244	$22,902
FSR–3	15,395	15,929	16,643	16,997	17,531	18,065	18,599
FSR–4	12,510	12,945	13,380	13,815	14,250	14,685	15,120
FSR–5	10,303	10,661	11,019	11,377	11,735	12,093	12,451
FSR–6	8,594	8,889	9,184	9,479	9,774	10,069	10,364
FSR–7	7,262	7,506	7,750	7,994	8,238	8,482	8,726
FSR–8	6,269	6,476	6,683	6,890	7,097	7,304	7,511

TABLE III.—*Public Health Service commissioned corps salary schedule*

Medical category	Under 2	Over 2	Over 3	Over 4	Over 6	Over 8	Over 10	Over 12	Over 14	Over 16	Over 18	Over 20	Over 22	Over 26	Over 30
Director	$11,999	$13,412	$13,999	$13,999	$13,999	$15,199	$15,199	$15,199	$15,527	$17,089	$18,876	$19,139	$19,855	$20,960	$20,960
Senior	10,209	11,958	12,480	12,480	12,480	12,480	13,939	14,393	14,983	15,699	17,486	17,810	18,203	18,203	18,203
Full	9,038	10,833	11,286	11,286	11,416	12,944	13,462	13,919	14,312	14,704	16,163	16,163	16,163	16,163	16,163
Senior assistant	8,469	9,670	10,062	10,718	11,042	12,501	12,893	13,282	13,480	13,480	14,680	14,680	14,680	14,680	14,680
Assistant	7,326	8,703	9,683	9,877	10,007	11,207	11,207	11,207	11,207	11,207	12,407	12,407	12,407	12,407	12,407
Junior assistant	6,631	7,605	8,585	8,585	8,585	9,785	9,685	9,785	9,785	9,785	10,985	10,985	10,985	10,985	10,985

The CHAIRMAN. Mr. Devine.

Mr. DEVINE. Yes. Mr. Secretary, what is the overall cost of this program as you anticipate it?

Secretary GARDNER. In this year the cost is $11.7 million.

Mr. DEVINE. Have you projected the years?

Dr. STEWART. No. For the grants to the schools the bill authorizes $10 million for fiscal year 1967 and such sums thereafter as may be necessary.

Mr. DEVINE. And 4 more years thereafter?

Dr. STEWART. With 4 years thereafter.

Mr. DEVINE. That is a total of five?

Dr. STEWART. That is right.

Mr. DEVINE. Is this open end, or does this have a termination?

Dr. STEWART. It has a termination date then after 5 years. That is, grants to the schools. There is an authorization ceiling for the first year of $10 million and then such sums thereafter as may be necessary. There is no ceiling now in the bill for the subsequent 4 years.

We would anticipate that the funds needed would increase, but it is difficult to know how much beyond $10 million, because it depends really on the initiative the schools of health take in getting into training in the international health field.

Mr. DEVINE. Are these amounts included in the budget?

Dr. STEWART. Yes, sir; they are.

Mr. DEVINE. Are they also included in the President's projected or predicted deficit?

Dr. STEWART. They are included in the President's budget for fiscal year 1967.

Mr. DEVINE. I suppose this is a question that should not be asked, but does the Department recommend any additional tax sources being tapped in order to finance these additional programs?

Dr. STEWART. The Department recommends what we think should be the health programs for the Department to carry out, and these are reviewed by the Bureau of the Budget, and the President. The President's budget does contain these figures for 1967.

Mr. DEVINE. Dr. Stewart, we have had testimony year in and year out before this committee by your predecessor and others about the shortage of medical personnel, nursing personnel, and things of that nature.

How would this program affect our domestic shortage in the medical field? Are we going to be drawing from our sources, sending them out across the world, and compounding our own shortages?

Dr. STEWART. There is a shortage of health personnel which we have been talking about for a good many years. There has been action by the Congress in developing the Health Professions Educational Assistance Act through which we are beginning to do something about this shortage.

This shortage will continue for some period of time, since it takes a good many years to train a doctor or a nurse. These people will be drawn from the pool of trained manpower we have, but we do have, even with our shortages, so much more than the countries we are talking about, that it seems quite appropriate to share some of our trained manpower to train their people so they can begin to develop and solve their problems of disease and misery.

Mr. DEVINE. Do you anticipate that the persons that are trained under this proposed program are going to be obligated in some way or other to go into the international health field, or can they get the training then and do as they see fit? Is there any obligation here at all?

Dr. STEWART. The program is designed to train people who are making a commitment to work in the international health field.

Mr. DEVINE. Is there any way to enforce that commitment?

Dr. STEWART. There is no way to enforce the commitment. If a person, after he has had a fellowship, decides he does not want to work in the international health field, there is no way to force him to do this.

If he is a commissioned officer of the Public Health Service and he is sent away for training there is an obligation to pay back to the Public Health Service time for the time spent in training, and this can be spent within the Public Health Service or on detail to another agency. I would think only in the instance of a non-Public Health Service fellow the person in training might decide not to go on in international health. But I do think that the person who has on his own initiative, and with a school where he is going to get his training, applied for a fellowship, and has gone through it, is a person who is pretty far down the line toward a commitment in working in the international health field.

Mr. DEVINE. The thing that concerns me here, Doctor, and Mr. Secretary, is with the overwhelming number of good and excellent causes, with the compassion of the American people, the do-gooders and bleeding hearts, of all the wonderful causes, we run into situations continuously.

I recall just a little over 2 years ago when the Surgeon General of the United States at that time on January 11, 1964, issued his report on the possible harmful results of the consumption of tobacco and we enacted legislation which required the announcement on the cigarette package that this may be harmful.

Yet, in the same Congress we turn around and appropriate millions of dollars to subsidize the very industry that may cause this harmful result.

You say this is part of our foreign relations program through the Department of State. We spent billions of dollars in this area to help our friends. This is a help-friends proposition, and what have they done. They pillage our libraries; they burn our embassies; they spit on our flag; and they say, "Yankee, go home."

We are talking about helping people to live longer here and yet we have another program on international birth control, and we don't seem to be completely consistent in our compassions.

Secretary GARDNER. I don't see this as inconsistent. I think it would be a great mistake to pretend that this will be anything but a further burden upon our medical manpower. The shortages that have existed at home will certainly not be helped by drawing additional people for overseas activity, but really basically it is a question of what we do with the resources available to us, in this case the resources of medical manpower, and we want to use those resources to protect our children against hazards of diseases at home and to protect our old people in their infirmities.

We also, it seems to me, can very well use a tiny fraction of that medical manpower to help us to try to create the kind of world in which our young people will not have to go and fight in far-off wars because we will have constructed a world that is knit together.

How you do that is not easy to say and you just have to keep trying.

Mr. DEVINE. You try to repeal the old Malthusian doctrine of population control by wars and pestilence? You are trying to overcome that?

Dr. LEE. I might add one thing to this that relates to the medical manpower needs at home, and that relates to the Peace Corps volunteers who have worked in the health field—these are young people with no previous specific health experience—20 percent of these young people when they return to the United States choose to pursue professional careers in the health field. These are outstanding young people and it has been a very interesting and unexpected development as a result of that program.

Mr. DEVINE. Speaking of people, how many do you anticipate this program will employ in the 4- or 5-year period?

Dr. LEE. We have some figures on the present requirements. At the present time I think we have the figures available here, don't we, Bill?

Yes. We can supply you with the figures.

Mr. DEVINE. Would you supply that for the committee record, please?

Dr. LEE. Surely.

(The information requested follows:)

TABLE IV.—*Staffing requirements, 5-year projection, International Health Act of 1966*

	Fiscal year 1967 positions	Fiscal year 1968 positions	Fiscal year 1969 positions	Fiscal year 1970 positions	Fiscal year 1971 positions
Sec. 213(a)	100	150	200	200	200
Sec. 213(b)	50	75	100	100	100
Sec. 213(c-1):					
Staff assigned to AID	528	625	625	625	625
Staff assigned to Peace Corps	167	185	200	200	200
Staff assigned to WHO and PAHO	25	40	50	50	50
Sec. 213(c-2)	10	15	20	20	20
Total	880	1,090	1,195	1,195	1,195

Mr. DEVINE. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Moss.

Mr. Moss. Mr. Chairman, I would like to welcome the Secretary and his new team here to the committee. I think the initial offering is a most interesting one, and I am trying to determine after the reading of the legislation itself whether it is intended to require these schools of public health to actually increase the output of students, of graduates.

In the Health, Education, and Facilities Act of 2 years ago we wrote in a requirement as a condition for grants that there be a fixed minimum improvement in the capacity of the schools each year or we prohibited the making of grants.

Is anything similar anticipated in this program?

Dr. STEWART. Mr. Moss, there is no fixed minimum in the bill at the present time. Since there are only some places in the country now where one can obtain training in international health—there are not very many—you are really starting from zero and going toward another number.

These training programs do not lead to a degree in international health. They include physicians who are going to have some specialized training in the international aspects of health or nurses who are having some special training.

It is not related to the number of nurses or the number of physicians. What I think is more important is the number of training programs that develop from this, rather than the actual number of students.

There will be almost entirely, with certain exceptions, new types of training programs which do not now exist within our schools of health.

By the way, it is intended to include more than schools of public health—it is schools of health.

Mr. Moss. If it merely constitutes an enrichment of existing programs without producing additional graduates, what have we gained?

Dr. STEWART. Mr. Moss, we will have gained people who will have an educational experience which they they cannot now get and which they are going to apply in these international health programs.

Mr. Moss. Well, will not the programs attract the curious as well as the dedicated, those who might want to have a better understanding of a different field of subjects rather than to commit themselves to participate in an international health program either as an associate, a fellow, or as a career in itself?

Secretary GARDNER. Yes. I am certain that you cannot devise a pattern that will keep out the curious and the ones who will not necessarily commit themselves.

I backed a lot of different graduate programs and there is no way to prevent a certain fringe from entering, but Dr. Lee referred to this 20 percent of Peace Corps volunteers who on return wish to enter into health careers.

We believe that there is a significant group of people who are interested in international health and who will become interested who would not become interested in normal medical practice, who want to get into this field particularly and if we open up opportunities will get into it.

One of the problems with this group of Peace Corps volunteers returning who want to enter is that we do not have the facilities which can easily move them into international health careers, so we hope to tap at least one possible new source of personnel here for the medical field.

Mr. Moss. Do you have any target figures as to the number you would hope would be trained and available as the result of these programs?

Dr. STEWART. We have in mind, as far as the associates go, about a hundred people a year, keeping in mind a 2-year period as an associate.

There would be about 50 fellowships a year and such fellowships would range from 1 to 3 years' duration, depending on the type of training and educational experience the person is getting.

Then they go from there—this is the training and experience at different levels—into the career program. The number here will really depend on the demand that is placed on the Public Health Service to furnish health professional people in a variety of our own Government programs, in international activities, and other governments which ask for our personnel through the State Department, or in multilateral agencies such as the World Health Organization.

At the present time we have about 234 commissioned officers involved in international health activities, of which about 85 or 90 percent are overseas. Most of these people have learned by doing. They have just sort of arrived there by getting there. Some have had a little education or training in international health. The rate of requests for health personnel to the Public Health Service for international activities is increasing.

At the present time we are working on a request from the Peace Corps for 60 more physicians for fiscal 1967, as an example. We will probably get other requests because soon we may be delegated the function of carrying out the worldwide malaria eradication program for the Agency for International Development. We have no program in the United States which is training people who have an interest in international health, to replenish these individuals who are already there, to improve them, or to bring these people back so they can get advanced training to develop a career in international health service.

This is what we are trying to do.

Mr. Moss. I have great sympathy with the objective. I am concerned, however, with the means of achieving it. For instance, as I read the bill, the normal limitations on grants, even grants to schools of public health, are not present in this legislation, are they? Are they incorporated by reference?

I haven't had the opportunity of researching some of the referred to sections and, therefore, I am not certain as to the provisions incorporated into this legislation by reference, but, as I recall, in making grants to schools of public health there is a limit on the amount of sharing which can be underwritten by a Federal grant. That would not be true here?

Dr. STEWART. No, sir, it would not.

Mr. Moss. You could approve a hundred percent grant for the construction of physical facilities; is that correct?

Dr. STEWART. No, sir; this money is not for construction.

Mr. Moss. Not any of it for construction?

Dr. STEWART. That is right.

Mr. Moss. I am glad to know that because this was not clear to me. The bill seems rather broad and I am not certain that it couldn't be used, or a grant couldn't be made, under the terms of the legislation for construction.

Dr. STEWART. Certainly the intention was not to use it for construction. It is intended for the purpose of putting together the training programs in international health that are necessary.

Mr. Moss. Would you anticipate any kind of commitment from the participating institution, giving reasonable assurances that at least it had enrolled persons who were interested in giving part of their time to some international organization?

Dr. STEWART. Certainly, Mr. Moss, I think that the institution would apply and in the process of reviewing what they propose to do, we would seek as much assurance of this as possible before a program starts.

These grants would be reviewed annually for many things, as well as for those you are bringing out.

Mr. Moss. I would strongly urge that there be an effort made to develop some target figures of the number of participating students or institutions and some estimate of the overall cost for a 3-year program.

Mr. Chairman, I would like to ask that that information be supplied to the committee.

Dr. STEWART. Yes, sir.

(The information requested follows:)

TABLE V.—*Estimated numbers of schools, students, and cost of grants to schools of health*

	Fiscal year 1967	Fiscal year 1968	Fiscal year 1969	Fiscal year 1970	Fiscal year 1971
Estimated number of schools	60	80	100	100	100
Estimated number of students	500	1,000	1,500	1,500	1,500
Estimated cost	$10,000,000	$15,000,000	$20,000,000	$20,000,000	$20,000,000

Mr. Moss. Thank you.

Secretary GARDNER. May I just say a word on Mr. Moss' point?

The CHAIRMAN. Mr. Secretary.

Secretary GARDNER. If a school of public health or a school of health sets up an effective program in international health it would naturally want to train not only people for this program who will go overseas and follow the career pattern outlined here, but a variety of other people who will be active in fields such as tropical medicine and teach it in our medical schools and the like and not be a part of this program.

Mr. Moss. Thank you.

The CHAIRMAN. Mr. Secretary, in relation to that, the others who were not committed to the international field would not participate in the grants?

Secretary GARDNER. That is right.

The CHAIRMAN. Thank you.

Mr. NELSEN. Mr. Secretary on page 4, with reference to grants to the schools that will train the fellows to participate in the program, it says at the bottom of the page:

> All or part of the cost of establishment, expansion, and operation of programs.

I just wondered, as Mr. Moss has indicated, just what does that mean? Will this include bricks and mortar and if you expand the program is it not going to be necessary to have more bricks and mortar in order to expand the capacity of any school to take on train more personnel?

Secretary GARDNER. Sir, that does not include funds for bricks and mortar and in general these will not be large programs in terms of personnel, and scope of laboratories and clinical facilities, and the like.

These can, as a rule, ride on the backs of the general facilities available in the other programs in the school of health.

Mr. NELSEN. I notice also on page 5—

the term "school of health" means a school of medicine, school of dentistry, school of osteopathy, school of pharmacy, school of optometry, school of podiatry, school of public health, or school of nursing * * *.

As I recall, this is identical language to H.R. 12, is it not? It would seem to me the purpose of H.R. 12 is to train personnel in those fields, and so many times it seems also true that we pile programs on top of programs and finally accumulate more personnel than production. I am wondering if a little of that might not happen under this bill, because certainly the purpose of training under H.R. 12 does not limit the field to which the persons may go after being trained.

I wonder if you have any comment about that?

Secretary GARDNER. Would you like to try that?

Dr. STEWART. The Health Professions Educational Assistance Act, Mr. Nelsen, provides construction money for the various health professional schools that are listed there, and also loans for certain students before attaining the M.D. degree, or the D.D.S. degree, or the other professional degrees.

Also the 1965 amendments provide for educational improvement grants, both formula grants and project grants. These were and are more to meet the problem of shortage of health personnel on the domestic scene.

We are trying to increase the pool of trained health professionals for all of our needs in this Nation. The international health training really is in addition to this. The Health Professions Educational Assistance Act did not spell out and say this was a particular kind of nurse or a particular kind of doctor. It is intended to produce doctors, nurses, dentists, and other health professionals, the basic health professions we start with.

Then they become a certain kind of specialist after that.

Mr. NELSEN. On page 7 it says:

For the purpose of securing outstanding members of the health professions to serve * * *.

It goes on to point out that—

* * * any person who is a member of any of the health professions who has had some experience in health work in a foreign country or work related thereto, may be appointed to a special fellowship * * *.

Will this include persons from a foreign country that might have been in health professions, or does this simply mean some of our own citizens that have worked in foreign countries?

Secretary GARDNER. Our own citizens, sir.

Mr. NELSEN. Did I hear some mention made of 50 persons intended per year?

Dr. STEWART. Yes. The fellowship program is set at 50 per year with a term of fellowship ranging from 1 to 3 years, depending on what it is that they are getting education and training experience in.

For the associates it would be about a hundred per year for a period of appointment of approximately 2 years.

Mr. NELSEN. Of course, the thing that runs through my mind is the fact that under H.R. 12 when persons are trained in the various

fields that I mentioned, there is nothing that would deny any of those persons from practicing in a foreign country.

However, this bill will provide stipends and travel allowance which presently is not available. When we talk about 50 fellowships, that is a pretty small number. I recall the statement made on the floor in debate during the last session that we passed a lot of slogans.

Now, we need to go beyond 50 if we are going to do anything effectively. I wonder if this is another slogan.

Dr. STEWART. Mr. Nelsen, it will be more than 50 because there will be longer than 1-year training periods. Let us say the average is 2. It would be around a hundred fellows in training at any one time, or 50 people each year that we would have.

Perhaps you are talking about the man with more experience in the international health field, who has gotten some education in international health and now is ready to, say, advise the minister of health of a developing nation on how he can put in a family planning program for the entire nation, or perhaps he would advise a minister of health on methods to improve water supplies so diarrheal disease will go down. Thus we are talking about top level kinds of jobs in foreign nations which have tremendous influence and importance, and the number is not as important as the quality of persons and the training they have had.

Mr. NELSEN. I only will mention this: That some of us are becoming rather weary as our objectives seem to miss the mark. I have supported programs of this kind and I want to be sure that when we start digging deeper and deeper with more and more programs that we don't miss the mark and duplicate. There is so much duplication of effort in so many fields that a thorough examination of this is certainly necessary. If our dollar is going to do the maximum good we certainly don't want to pile programs on top of programs.

I have no more questions, Mr. Chairman.

The CHAIRMAN. Mr. Kornegay.

Mr. KORNEGAY. Thank you very much, Mr. Chairman.

Let me extend my personal greetings to the Secretary and Dr. Stewart and Dr. Lee. We are certainly happy to have you with us this morning. We look forward to your return on other occasions.

I am very much impressed, Mr. Chairman, with the laudable aims and ideas behind this proposal. I have long felt that we would be better off if greater emphasis in our foreign aid program were placed on the exportation of our techniques, knowledge, and scientific abilities.

However, I do have some questions that I would like to ask and some points I would like to raise.

One thing that comes to my mind right away is the fact that in the last couple of weeks my office has been deluged with letters from constitutents and others about the budgetary cutback on the school lunch program, the milk fund, and grants to our land-grant colleges, which have gone on for many, many years.

Apparently there is a shortage of funds to keep existing programs up to the expected levels. That is not a question. I don't know that that you care to comment on it, Dr. Gardner. If you do. I would be glad to hear anything you might have to say about it.

Secretary GARDNER. This is a very difficult question. This has been a very tight budget year. We have had to work very severe restraints, and working within those restraints we have made the most serious and responsible effort that we could possibly make to hold within the budgetary limitations that were required and at the same time not neglect forward movement in a great variety of areas which seem to us quite essential, and one of the areas where a very modest outlay could move us ahead was the area under consideration here.

I think that you will rarely encounter a field in which you can get more leverage for your dollar than this one. This is true of many of the technical assistance fields overseas, but particularly in the medical field where our own know-how is so very much beyond many of these countries with which we deal, so much so that a single individual working with key officials of the country can work great gains for the country.

We felt that this kind of leverage simply couldn't be overlooked in allotting our dollars in this difficult year.

Mr. KORNEGAY. That is a good answer. I see your point. Of course, those of us on this committee are put in a little different posision, and it is pretty hard to explain to our folks why we are sending this money overseas and not providing what so many think are necessary for the sustenance of our own people.

The next question I want to raise is the obvious shortage of medical and paramedical personnel in this country. This committee, last year, spent most of its time in listening to testimony relating to bills to try to correct that situation, to try to do something about it.

I believe it was the day after the medicare bill was signed into law that Dr. Stewart's predecessor announced that it would be necessary to double the medical and paramedical personnel of the country, and so we have in this country a great shortage.

It seems rather strange to many people to start exporting trained medical personnel from this country when there is such a dire shortage here.

There is another question I want to ask and that is, is it necessary to have new legislation in order to carry out the purposes of this bill or this proposal?

Let me add a little bit to that statement. Is there any restriction in the present law that would prevent a program of this type from being carried on now among the public health schools and other facilities of the country?

Secretary GARDNER. Yes, there are. Dr. Stewart.

Dr. STEWART. The Public Health Service at the present time—the Surgeon General—does not have authority in the international health field. We have the authority to detail personnel to other agencies of the Federal Government, and to State health departments, and this sort of thing, but never have had a defined role in international health.

The Office of International Health in my office serves as a staff office, principally for the functions of this Government's role in the World Health Organization, and I serve as the chief U.S. delegate to its directing body. It does manage, for AID, foreign students who come to this country, to arrange their schedules, get them to the school, and that type of thing, but except for that we do not have an international health role.

The proposed bill would provide authority beyond that I now have to assign people on detail to an agency such as AID.

Mr. KORNEGAY. But you do actually have people working in this role at the present time?

Dr. STEWART. No; that role goes purely on the fact that on request I can assign people, detail people, to AID, the Labor Department, Agriculture, or the Peace Corps, or to whatever other department asks for them, but they are not part of a career in international health. They are going as professionals to work in AID programs because they have a certain skill.

Mr. KORNEGAY. When they would arrive in a foreign country they do the same thing that you would intend for them to do under the terms of this bill, wouldn't they?

Dr. STEWART. Yes, but when they finish their foreign service what do they come back to? When they come back to the Public Health Service after 7 or 8 years on this foreign assignment what kind of a career can they fit into in the Public Health Service? This is the problem. They are detailed to another agency's programs and they bring their skills with them, but it is not part of a career that this man has. It becomes a career in itself and some become lost in these other agencies when they have completed what they were assigned there for.

They must then come back and fit into some domestic program within the Public Health Service. Some do and do very well and contribute a great deal, but others have great difficulty.

In addition, we are not producing the officers in the Public Health Service who will replenish these people with better trained and more experienced people, so that we are improving our international health activities. We conduct it through AID programs, Peace Corps, and all the others, but we are providing a different kind of person that we have at the present time.

Mr. KORNEGAY. In other words, this would be setting up a new shop in which they would be working or functioning? They would be assigned to, say, some foreign country, and they come back for reassignment and either stay here or go to some other foreign country, wherever they might be needed?

Dr. STEWART. Yes. For example, if there has been a training program developed in a health school under the training grant program of this bill and it has attracted some, say, medical students who are interested in international health and they get an educational experience at that level of training and they want to become an international associate in the Public Health Service after their internship, then we can begin here in the medical school to train the person who will eventually serve in an AID program, advising the minister of health of some developing nation on his health problems.

We have a spectrum here of development of people and a career for them in international health which we do not have at the present time. If a person were to go for 2 years then, with the Peace Corps as his assignment for training and experience, and he comes back and he wants then to go and get some further training in population dynamics, or in nutrition, or something else that is going to be his interest in the international field, then he could be assigned to one of the schools that are providing the desired kind of training.

In this way we begin to develop a career service in international health.

Secretary GARDNER. May I make an additional comment on the first part of your question? I would like to make it clear that even if you delete from the objectives of this program all of the objectives which have to do with constructive cooperation with other countries, we would still need a vigorous international health corps in our own self-interest.

You cannot live in a world in which you can get on a plane in Cairo in the morning and have dinner in Washington without having the kind of people who have command of international health problems, whether they are communicable disease problems or whatever else, so that in any case we must have a vigorous field of international health as a part of our total health activities.

Mr. KORNEGAY. What I am getting at is that we are, of course, appropriating and spending millions and in fact billions every year in the area of medical education, training, research, and that type of thing, and I was wondering whether or not any thought had been given to carrying out this type of program within the present framework and under present law without setting up an entirely new bureau or entirely new shop, and I gather from your answer that in your opinion it cannot be done.

Dr. STEWART. That is correct, Mr. Kornegay.

Mr. KORNEGAY. This training program is limited to American citizens, is that right?

Secretary GARDNER. That is right.

Mr. KORNEGAY. No part of it will provide that foreign citizens be brought to the United States and trained and then sent back to their own land?

Secretary GARDNER. No, sir.

Mr. WATSON. Mr. Chairman, would the gentleman yield at that point?

Mr. KORNEGAY. I will be happy to yield.

Mr. WATSON. Why don't you provide for that? It seems elementary to me that if you would bring these natives in here and train them and send them back they would have far better acceptance on the part of the natives, and additionally we would not have this additional training with the shortage of the medical profession here. Why isn't that very logical?

Dr. LEE. This is presently authorized and such programs are carried out by the Agency for International Development. They are training a limited number of professionals from other countries for leadership roles on their return.

In addition, of course, there are thousands of physicians who come to this country on their own for advanced training.

Mr. WATSON. Doctor, don't you agree with me that a local doctor would have better acceptance than an American doctor?

Dr. LEE. We found that, for example, in programs such as malaria eradication in India a very small number of American personnel have made an immense contribution working with the Indians, a contribution that could not have been made by a local individual, and this has been true in other programs.

Mr. WATSON. Doctor, could contributions have been made by the local individual if he had been trained properly by our experts over here? That is the point we are trying to make.

Dr. LEE. These are people many of whom, the Indians in this particular program, had been trained in this country. This has also been true in many other countries where Americans do have a unique contribution. They have talent, and skills, and know-how that combined with people in the countries have made and can make very significant and continuing contributions.

Mr. WATSON. One final question, and I thank my colleague from North Carolina for yielding.

Then I am to conclude from your statement the inference that some of these foreigners do not have the capability for learning and developing these programs on their own and it is absolutely necessary that we send Americans over there? Is that your position?

Dr. LEE. No; I think that we find that it is a team effort. The World Health Organization is an example of the team type of effort in international health programs. There are many highly qualified, very talented people in other countries who have learned and can continue to learn by training in this country. I don't in any way imply that they don't have these skills, but I think that America does have the genius.

We have people who have made tremendous contributions and I think that one purpose of this program is to continue this essential element.

Secretary GARDNER. May I add a point there?

Beyond the purpose of simply increasing the supply of manpower available for international health problems, one of the purposes of this bill is to develop a corps which would be part of the Public Health Service, trained international health people who will be at the service of the United States in accomplishing its purposes, whatever they are, whether this is quarantine, or problems relating to AID, or whatever.

They will be available for assignment by the Surgeon General.

Mr. KORNEGAY. In pursuing that line of questioning, next comes the question, Would one of the functions of this American citizen who is trained by the Public Health Service and goes to a foreign country be to train the local people in that country?

Secretary GARDNER. Yes, sir.

Mr. KORNEGAY. To carry out malaria control and control of many other scourges that they experience in foreign lands?

Dr. LEE. Very definitely. An example of this which is, I think, fresh in the minds of many of us is the measles control program in west Africa. Two or three Public Health Service officers went over first on a very small experimental program to test out the effectiveness of measles vaccine under these circumstances.

They trained the people locally. They are now expanding the program at the request of the governments in Africa to 19 countries, again with an expanded number of Public Health Service officers, but also with a tremendous number of other personnel that they are training in this program with a very significant benefit not only to the health of the people in that country, but benefiting the view that the people in those countries have of the United States.

It has had a very significant impact and again, it could not have been carried out without these few Public Health Service officers who did the training and who supervised the local people who were actually doing the work.

Mr. KORNEGAY. One final question. That is, does the Department, the Surgeon General, see this bill as sending physicians? In other words, does a person have to be a physician in order to get into the program?

Dr. STEWART. No, sir, a person does not have to be a physician. It can be anyone who is in a health field who has a skill which is related to health programs carried out in foreign countries. It could be a nurse. It could be a sanitary engineer. It could be a health educator, a nutritionist, or any one of a long list of people who could be included in this career.

Mr. KORNEGAY. I am glad to hear that because I have felt that, while we have to have highly trained experts in the medical field, there are certain bad situations, health conditions, that can be helped with people who don't have an M.D. degree or aren't specialists in many of the fields, and their talents, and their desires, and their ambitions, and their enthusiasm ought to be used.

Sometimes I think the guidelines or standards which the departments set up, not only in this area, but other areas, prohibit and disqualify a lot of people who are qualified to do a particular job.

Thank you very much, gentlemen. I want to yield to my good colleague from California.

Mr. Moss. Mr. Secretary, I am interested in the language on page 7 of the bill, lines 19 through 22, which would appear to exclude the schools of nursing giving associate degrees. Is that the intent of that language?

Secretary GARDNER. May I turn that over to the Surgeon General?

Dr. STEWART. I believe that a school of nursing as defined in part B, title VII, includes the associate degree schools.

Mr. Moss. We appear to have a difference of opinion as to the limitation of title VII, part B. Is it intended to include within the scope of this program the schools of nursing giving the associate degree?

Dr. STEWART. No, I am sorry, Mr. Moss. I am wrong about that. It excludes the associate degree schools.

Mr. Moss. Why?

Dr. STEWART. Well, I don't know why.

Mr. Moss. I can't understand why it would be wise to exclude them. I know at the Sacramento City College in my home State we have had a course for many years, and the graduates compare very favorably with the baccalaureate graduates in being qualified under the laws of our State, which are rather demanding. It would seem to me that, rather than limiting the opportunity to participate, the effort should be to extend assistance to all of those appropriately qualified.

Dr. STEWART. I think, Mr. Moss, one of the difficulties is that the fellowships that we are talking about, advanced training, will generally be at the graduate level beyond the baccalaureate degree level. It will be at the master's level.

A girl who is a graduate of an associate degree nursing school would not have the baccalaureate degree and therefore could not enter into advanced training.

Mr. Moss. I understood that this was a definition of the term "school of health" in the section I am referring to, and it is anticipated that you might make grants to broaden the programs offered to these students and that if you did you could offer it in the baccalaureate program, but not in the associate program?

Dr. LEE. That is true at the present time, as the law is written, but I think certainly as we gain experience we may find that this would be an appropriate group of schools, particularly in the field of nursing, and if limited to that area, to include.

I think when we initiated the program, our thinking was that we did not want to extend it initially. We wanted to start with a modest program.

Mr. MOSS. I want to alert you to the fact that I will make an effort in the markup session of the committee to amend this so that it does embrace the associate degree schools of nursing.

Thank you, Mr. Kornegay. I return the floor to the gentleman.

Mr. KORNEGAY. I am glad you brought this out, because I think it is in the very areas I was talking about a while ago.

That is all, Mr. Chairman. Thank you.

The CHAIRMAN. Mr. Curtin.

Mr. CURTIN. Thank you, Mr. Chairman.

Mr. Secretary, do I understand that you have loaned certain of your public health personnel to various foreign aid programs and also to the Peace Corps and that those people are now doing the type of work overseas that you ask for in this bill?

Secretary GARDNER. Yes, sir.

Mr. CURTIN. Have you any idea about how many?

Secretary GARDNER. Yes; we have those figures.

Dr. STEWART. We have 234 commissioned officers in international health, of which about 90 percent of these individuals are overseas. As examples, 97 with the Peace Corps——

Mr. CURTIN. How many did you say?

Dr. STEWART. 234.

Mr. CURTIN. Thank you.

Dr. STEWART. We have 169 civil service employees involved in international health, but they are with the international agencies here in the United States, like the AID headquarters here.

Mr. CURTIN. Then this legislation you are now asking for would not inaugurate an entirely new program.

Secretary GARDNER. Let me make a beginning of an answer.

One of the interesting things is that almost all of the agencies, in fact I think every agency, which we have loaned personnel to and which has been faced with this problem of finding health personnel for its overseas activities has concluded that these health people ought to have a professional base in the Public Health Service and that the best way they can assure themselves a continuous supply and a continuing flow of younger people coming along to work into this is to get the Public Health Service to develop this kind of career program so that you are not always engaged in ad hoc recruitment and trying to pry people into this deal.

You will have a steady flow of people moving into it who will have a professional base when they go back, and this is the only new feature.

Mr. CURTIN. Has there been any problem in reference to presently taking care of the requests for such personnel?

Secretary GARDNER. Oh, yes; it is very difficult to staff these overseas activities with first-class people.

Mr. CURTIN. Why?

Dr. STEWART. Mr. Curtin, we just went through the process of recruiting six physicians to replace the physicians who are on our two surgical teams in Vietnam and it was a very difficult job to find physicians who were willing to go to Vietnam.

Mr. CURTIN. How is it gong to be less difficult if the program is handled through an international health service rather than being done as it presently is?

Dr. STEWART. Because we can in effect start them much younger in the international health field, give them experiences in international health, develop their training and education as they go along, so that assignments like this surgical team or something similar would be part of a career rather than an isolated assignment.

We have some difficulty in replacing the individual who has been, say, with AID, 6 or 7 years and then comes back to the United States.

Mr. CURTIN. Why?

Dr. STEWART. It is difficult to find the person who has had the training and experience that would replace this person. More or less we look around to see who might have been in this field some way or another. We are not at the present time training a cadre of people coming along with the interest, with the education, and with training and experience in the international health field. They sort of grow up topsy-turvy.

Mr. CURTIN. Assuming that this legislation is enacted into law and you train these people, what guarantee do you have that they are going to go into this international health field and stay in it for any indefinite period?

Dr. STEWART. One never has an absolute guarantee. The person is always free to change his career as he goes along, but I think if we start in the health professional schools, with these training grants, and get the individuals who are interested, and then they get experience as international associates and then they indicate a career desire, that we can then begin to develop a cadre of dedicated individuals for a career in international health. Of course there will always be that one that tried it out and decided he didn't like it or the one that wants it but doesn't really qualify.

Mr. CURTIN. Are these people who you desire to recruit for these schools going to be trained any differently than they would be trained in the ordinary medical schools?

Dr. STEWART. Yes.

Mr. CURTIN. What are they going to be taught that is not offered to the regular student in a medical school?

Dr. STEWART. I think that if a medical school is developing an international health training program under this training grant, they would start to emphasize in their training program the problems of working in other cultures, the ways of getting across the idea of modern medicine to a culture that is still living with witchcraft, for example. Or they might start getting into a kind of training in nutrition which is now no longer news in this country, or they would seek to create an understanding of the impact of a lack of water supply in an area and what might be done about it. They would teach an approach to the problems based on methods of helping these people do these things for themselves. How do we train the indigenous; how do we handle other cultures? This is the kind of area we are talking about.

Dr. LEE. The type of disease problem, of course, too, differs very greatly.

As the Secretary pointed out in his testimony, the range of problems faced in the developing countries differs significantly from those in this country. For example, malnutrition among infants and young children is a very serious and significant problem. It hardly exists in this country.

The problems of rural medicine when there is massive poverty and unsanitary environments; the problems of resource allocation with very limited manpower and limited financial resources; under these circumstances what we refer to as community medicine will have much more emphasis.

Preventive medicine must have a much greater emphasis than in the ordinary clinical training programs or even in the public health training programs in this country. We deal with chronic diseases, with overweight rather than malnutrition. We deal with chronic illness rather than acute infection such as malaria, smallpox, and that type of thing, so that tropical medicine, nutrition, problems related to population growth, these are the substantive, significant problems that will require emphasis.

As Dr. Stewart pointed out, too, the cultural problems, the sociological aspects that they must have training in, in this area, require a really much different type of training than is required for work in this country.

Mr. CURTIN. Does this mean you plan to start with 50 fellows and 100 associates the first year?

Dr. LEE. The start, of course, would be in the schools of health and we might take as an example a school of public health. Health educators, sanitarians, sanitary engineers, physicians, and nurses, public health nurses, all might be trained and receive training overseas in the environment in which these problems exist as well as getting the academic training here at home.

Mr. CURTIN. But I mean, as I understood a previous answer, there are going to be approximately 100 associates and 50 fellows to start with; is that correct?

Dr. LEE. That is correct.

Mr. CURTIN. That is the first year?

Dr. LEE. That is the first year goal.

Mr. CURTIN. How many additional do you anticipate in the second year?

Dr. LEE. As to the associates, there would be 100 associates each year and this is a 2-year program. These are assigned overseas in the Public Health Service, so the maximum number there would likely be 200, 100 each year. You have a 2-year program so it would be 200.

Mr. CURTIN. As I read the bill, there is no authorization for any sum for the associates or fellowships provided for therein; is that correct?

Dr. STEWART. That is correct.

Mr. CURTIN. I believe you said, however, that you estimate the cost for the first year would be about $1.7 million?

Dr. STEWART. That is correct.

Mr. CURTIN. How much is it going to be for the following year? Is the cost going to double each year? Would you seek to recruit the

same number for the second year that you have recruited for the first year, and, if so, would the amount to train them double?

Dr. STEWART. Yes.

Mr. CURTIN. Is that going to keep doubling indefinitely?

Dr. STEWART. No, it would not because the term of appointment of an associate would be approximately 2 years and a fellowship would range from 1 to 3.

If the average is 2 years in the fellowship, then it would double the second year, but then level off.

Mr. CURTIN. Does this bill provide for a 5-year period for the fellowships and associates, or an indefinite period?

Dr. STEWART. It would be an indefinite period for the associates and fellowships.

Mr. CURTIN. And, have you estimated the costs—how the costs are going to accelerate from the original $1.7 million over the following years?

Dr. STEWART. We only have the figure for 1967, the $1.7 million.

Mr. CURTIN. You don't know what the program will cost after the first year?

Dr. STEWART. No, sir; only as it relates to the number of associates and fellows, and the idea here is 150, as we mentioned before.

Mr. CURTIN. There is no provision in the bill, as I understand it, as to the ultimate maximum number of such associates and fellows?

Dr. STEWART. That is correct.

Mr. CURTIN. In other words, you could have a thousand, two thousand, three thousand, anything that you felt was right in the following years?

Dr. STEWART. That is correct.

Mr. NELSEN. Would the gentelmen yield at that point?

Mr. CURTIN. Yes, I yield.

Mr. NELSEN. On this training cost, training is not what we are talking about.

Dr. STEWART. The associates would be training by doing. They will be providing a service after being commissioned in the Public Health Service.

Mr. NELSEN. After they have been trained and then have gone into practice, then how are they salaried?

Dr. STEWART. They will come under the Public Health Service. They will be commissioned officers in the Public Health Service and if they are assigned to work in the Peace Corps, for example, their salary shows up in the Peace Corps budget.

Mr. NELSEN. The salary after they have been trained will then without question continue in amount, but it will be taken out of some other operation of Government?

Dr. STEWART. Yes. This is no different than it is at the moment. Most of the 234 individuals that we have assigned to other agencies—well, for example, we have this 97 with the Peace Corps. We detail them, but the Peace Corps pays for them.

Mr. NELSEN. Getting back to my original observation that people can be trained to do these things under H.R. 12——

Dr. STEWART. No, sir.

Mr. NELSEN. Why can't they be assigned to the Peace Corps if the Peace Corps is authorized to spend money to pay their salaries?

Dr. STEWART. Mr. Nelsen, some of them may have their experience with the Peace Corps. We are trying to define a group of individuals who are committed, as much as one can be committed, to a career in international health and they will have 2 years.

Some of them will be assigned to the Peace Corps as part of their experience as an international associate. In addition to this, will be all the Peace Corps doctors fully trained, that we assign to carry out the obligations that we have to the Peace Corps, which are there now for the medical care of the Peace Corps volunteers wherever they are.

Mr. NELSEN. Thank you.

Mr. CURTIN. Mr. Secretary, there have been a number of articles in the papers since medicare was passed—one as recently as a week or two ago—about the tremendous shortage of doctors that is going to result when the full impact of the medicare program is felt.

Have you any figures to tell us what that shortage is going to be in numbers?

Secretary GARDNER. No, sir. We have made efforts to project the shortages and we will continue to do so, but it is very difficult at this point to be precise about the shortages that will hit us.

Mr. CURTIN. Could you approximate it?

Secretary GARDNER. I don't have the figures. Perhaps the Surgeon General does.

Dr. STEWART. No, Mr. Curtin; the supply of physicians really relates to the demands that people are putting on them, the number that want to go and use the physician. We do know that people will use physicians, if they have selected part B of medicare, more than they have before. There will be an increased utilization of physicians.

Mr. CURTIN. Of course, there is going to be an increased need for physicians whether the people select part B of the medicare program or not.

Dr. STEWART. This is true. There will be an increased use of admissions to hospitals. We estimate that this increase will be of such an order that the present supply of hospitals and physicians will absorb this increased demand.

There will be areas where this is difficult to estimate because we don't have an even distribution in our supply of physicians and hospitals, and some areas will have some difficulty. My own impression, and I can't prove this in any way, is that on July 1 there suddenly won't be long lines of people waiting to go to the hospital, but that the increase will be a gradual affair as people learn about it and as they get ill.

They won't all get ill on July 1 either.

Mr. CURTIN. Do you think we can safely assume that within the next year or two there is going to be thousands of extra physicians needed in this country?

Dr. STEWART. We have difficulty in meeting all of the demands now for physicians. We have to draft physicians for the military services. We have difficulty in hiring physicians for public jobs, and for running mental institutions, for example. In all of these fields, and in many of the rural areas of the country there is a definite difficulty in getting physicians into the area to practice medicine now.

We have, from the Health Professions Educational Assistance Act, some 15 medical schools about to emerge. This will begin to increase

the supply. Of course, it takes 10 to 12 years before a person finally becomes a doctor; and so this will gradually help.

There has been an expansion of the existing schools. I think we will meet this difficulty as we go along.

Mr. CURTIN. Do you think this new program you are now advocating will increase that need for doctors and further add to the shortages we presently have?

Dr. STEWART. No, I don't think we are talking about that kind of number, Mr. Curtin.

Mr. DEVINE. Will the gentleman yield?

Mr. CURTIN. Yes, I yield.

Mr. DEVINE. Mr. Secretary, the papers, just the last few days, indicated you are going to need literally thousands of new employees in the immediate future to administer the provisions of the Medicare Act as recently passed. Is that correct?

Secretary GARDNER. Yes.

Mr. DEVINE. Can you give an accurate figure that you anticipate on your needs there?

Secretary GARDNER. We have done a good deal of that recruitment already. I believe that this was in the neighborhood of 7,000, was it? Seven thousand.

Mr. DEVINE. Seven thousand. How soon?

Secretary GARDNER. Within the past year we have started recruiting as soon as the act was passed.

Mr. DEVINE. I believe the newspapers indicated that in the next year or so you are going to need 10,000 or more to administer the provisions of the act?

Secretary GARDNER. You understand that this is not all health personnel. In fact, a very high percentage of them are administrative people.

Mr. DEVINE. Yes, I understand that, but it is in the general health field.

Mr. CURTIN. Have you any idea how many additional employees you are going to have to recruit for the purposes of carrying out the medicare program?

Secretary GARDNER. As I said, our initial estimate was 7,000 that we needed recruited immediately.

Mr. CURTIN. You haven't estimated the ultimate number?

Secretary GARDNER. I don't remember the projections over the next 2 or 3 years.

Mr. CURTIN. That is all. Thank you, Mr. Chairman.

Mr. PICKLE. I want to compliment the Secretary for the approach he has taken in this area.

At this stage of the game when it gets to the second level most of the questions have either been answered or there is more confusion and I think that is partially the situation this morning, but even at the risk of repetition let me ask you with reference to your own statement, Mr. Secretary, on page 6 when you list item No. 3: Career Service in International Health, how many do you envision will be trained in this field?

Secretary GARDNER. This is page 6 of my statement?

Mr. PICKLE. As I recall the President's message, and as you said earlier this morning, in the field of associates you want to train 100,

and 50 fellows. How many in the career category? Of the 500 you are going to recruit, how many in that category?

Dr. LEE. Dr. Stewart has mentioned, Mr. Pickle, in several statements that he has made about the present demand for health workers that the number in the international careers program will depend on the program requirements, and, as the Secretary indicated, these have expanded. They have doubled within the past year, and it is difficult to say today what the requirements will be 5 years from now.

Mr. PICKLE. It may be difficult, but it is awfully difficult for us to try to appropriate money with some degree of fiscal responsibility. About how many are you going to train? What number of you think you are going to train?

Dr. LEE. In the grants to the schools we would hope that about 500 students would be trained at that level. We estimate about 100 associates a year and about 50 fellows. Within the career service the estimate for next year for Public Health Service personnel is approximately 620.

Mr. PICKLE. Are you saying that you are going to train the balance of the approximate 500, 350 then in the field of career service?

Dr. LEE. There will be people trained each year and these will go in to fill these career positions as some people retire. We will strike a balance within a few years I think.

Mr. PICKLE. You don't satisfy me so far as being definite. I am willing to give you some running room. I am just trying to get something down with respect to specific sums, because the bill provides for $10 million the first year and "such sums thereafter as may be necessary."

That is a mighty big phrase to just toss out on the floor of the Congress. We want to be more specific—I do—if we can.

Is it your intent to take these 500 and train these numbers and will you give us a number of career service to be trained? Is it your intent this first year to train that many and then the same number for the next 4 years?

Dr. LEE. As their programs develop in the schools, the grants to the schools will, in part, of course, be dependent upon what they——

Mr. PICKLE. On the program to expand, and do you expand these numbers?

Dr. LEE. The expansion of the program would, of course, be reviewed each year by Congress.

Mr. PICKLE. What is your intent? What is the Department's intent?

Dr. LEE. The intention is to try to develop a base in the schools that would provide the number of people required, and it is difficult at this time, as we are just getting into the program, to say what that number would be, but I would not estimate now that there would be a large expansion of the program within a few years.

I think it would stay at somewhat the same level.

Mr. PICKLE. What you are trying to do is get the program underway?

Dr. LEE. Yes.

Mr. PICKLE. In a sense make legal what you are doing, in a rather loose sense, your training in public health. You want to make career public officials out of them but give them no different status so they

have a place to come home to. I think the Congress would want to try to cooperate in this general field, but I think the Congress will ask you to be more specific.

Are you willing to say you will take this $10 million and that will be the same sum the next 4 years?

Dr. LEE. As we indicated earlier, we will try to come up with this estimate. Mr. Moss made this request. The estimates that we will submit to the committee will include the 3-year program for the schools, for the associates, for the fellows, and for the career service in international health.

Mr. PICKLE. I didn't know Mr. Moss asked you to have it for the 3-year estimate, but I ask you to have it before the markup because I think that is important to us.

With respect to the sum, let us assume that it is the $10 million figure. How many schools have you said you will set up to give these grants to?

Dr. LEE. There has been no specific determination on that. This would be determined by the Surgeon General depending on the schools that come in, the quality of their request, and——

Mr. PICKLE. You did not grab the $10 million figure out of the air. Where did you get the $10 million?

Dr. LEE. There have been discussions during the last 3 years, that I have been aware of, with schools of public health and medical schools and other professional schools interested in the field of international health.

Mr. PICKLE. You don't have any idea whether you will give these grants to 10 schools or 50 schools?

Dr. LEE. Well, I think it would be much more likely to be 10 than 50.

Mr. PICKLE. That is a little closer. We are a little more specific than we have been. I appreciate that.

Dr. LEE. We hope to come in with that estimate at the time that we answer Mr. Moss' request.

Mr. PICKLE. Let us say it is 10 or 20. Let us say 15, approximately. Is that a fair estimate?

Dr. LEE. Yes.

Mr. PICKLE. Your degree of training would be perhaps less than an M.D., but more than a 2-year course in some instances, with the possibility that associate nursing might be an exception. What you are trying to do is take a person then who is a graduate student. If this is so, when you speak in terms of school of health, aren't you saying in effect that you might do that training at a major university rather than at a medical school?

Dr. LEE. This would depend. The emphasis certainly would be on those schools that had schools of public health, for example, and these usually also have medical schools and nursing schools, and some of them have schools for medical technology. Some of them have schools in nutrition science, so that you could combine this training.

Mr. PICKLE. I am thinking specifically of the University of Texas which is the major university within our State. It would seem to me that under the terms of the bill these public health officials might get sufficient training right on the campus there rather than setting up a separate school such as the University of Texas Medical School in Galveston, which is already limited in space and which we already asked to train additional doctors this last year.

I am just wondering about your intent. There again, are you just saying it depends?

Dr. LEE. The intent is at this stage to provide the grants to schools of health and these in general are within universities, of course, because this is where the health people in general are trained.

Mr. PICKLE. I want to be sure that we understand each other on another point that Dr. Stewart mentioned earlier and that was if we set up a separate category of a trained public health official for world health problems, one of the reasons for it is so that this man has a place to come back to.

When he has spent 4, or 5, or 6 years he comes back to the United States and he has an official status with the agency. Your real purpose, of course, is alleviating problems of disease and illness and poverty throughout the world and not just give him status. In proper perspective this happens to be an incidental arrangement.

The emphasis was almost the other way around earlier this morning, and I think it is fine to have a career status, but that is not what you are asking for in this bill, is it?

Dr. STEWART. No; the career status is the means to the end that you pointed out. I think the Secretary, in his testimony, was talking to that end.

Now, when we are getting into the bill we are really examining the means to these ends.

Secretary GARDNER. May I just add one point to the career status. This bears on a question raised by Mr. Curtin earlier as to what is new in this bill.

One important thing in the career status is for them to have a place to come home to. Another very important point of the plan is to catch them young. If you want people to take on serious international assignments that are most disruptive in terms of moving your family and spending years in hardship posts, you really have to begin to get them used to it early. You have to get their wives used to it. You have to have people who see their career pattern as involving periods of such service.

Mr. PICKLE. If they are trained in the schools like pharmacy, or medicine, or optometry, or various health fields, would these trainees upon completion be used as public health commissioned officers? Is this what I understand you were saying to Mr. Curtin, that they would be?

Dr. STEWART. Yes; they would.

Secretary GARDNER. Many of them would.

Mr. PICKLE. One last question: You would be limited in funds and numbers of schools and trainees that you can start off with under this program Would it be your intent that some particular emphasis should be given to those countries that are closest to us?

Though we have a world health program, would it not be reasonable to assume that trying to help conditions in Latin America, South America, and Mexico might more properly command first priority?

Secretary GARDNER. Mr. Pickle, the final use of these people will depend a good deal upon the going purposes of other agencies at the time because these people will be available for assignment overseas for AID, for the Peace Corps, for the World Health Organization, and so

forth, and how they are used will depend a great deal upon our national objectives in the year in which you happen to be talking about. This will govern their use. There is not in this bill any mechanism for deciding direction of use.

Mr. PICKLE. I can understand that and I think I agree with you, but from a practical standpoint I hope that if this measure is acted upon favorably you bear in mind that one of the priorities should be our neighbors to the south, and as such I assume that if this is so, one of your schools would be in the great Southwest, such as the University of Texas.

That is all, Mr. Chairman.

The CHAIRMAN. Dr. Carter wanted to know if you would yield to him.

Mr. PICKLE. Mr. Chairman, I will yield to you and you may recognize the doctor.

Mr. CARTER. Thank you, sir.

It seems to me that quite an important place for the use of such an international agency at the present time would be in South Vietnam. Did you have South Vietnam in mind in the formation of this international organization of which you have been talking?

Secretary GARDNER. Mr. Carter, I have had South Vietnam brought quite sharply to my attention recently and I think it is a marvelous example of the problems we face in recruitment without a career service.

As Dr. Stewart indicated, it has been very difficult. I must say that this program has been long in the making and involved a great many considerations besides the current problem of stepping up health activity in Vietnam.

Mr. CARTER. Having seen the health situation in that area, certainly I can see the need of assistance there. With the problems of disease, diseases which have been eradicated here in the United States years ago are extremely prevalent there and, of course, men who go there need to have a great deal of training.

I don't think we should confine such operations to just this hemisphere, but right now there, in winning the minds and hearts of the people and helping restore them to their health, certainly we are helping to win the war, or would be.

Secretary GARDNER. Yes, sir.

Mr. CARTER. I think that the objective of this international agency could certainly be helpful.

I thank you.

Dr. LEE. I might add to that, Mr. Chairman, of the current requests for personnel, approximately half of the health personnel are requested for service in Vietnam.

The CHAIRMAN. Mr. Secretary, I might tell you that the gentleman you were talking to is Dr. Carter who is our medical adviser on the committee. He is a medical doctor with a great deal of experience and we rely on him.

Secretary GARDNER. Thank you, sir. Thank you, Dr. Carter.

The CHAIRMAN. Mr. Broyhill.

Mr. BROYHILL. Mr. Secretary, I have been reading figures recently about world population and as I recall, the article said that in the mid-1800's the population of the world was about 1 billion, and in the

next 100 years, that figure increased by 2 billion, that the present population figure is about 3 billion, and that within the next 40 to 50 years the world population will increase another 3 billion. It has taken tens of thousands of years for the world to produce 3 billion people and it is astounding to visualize that 3 billion additional people will be living in the year 2000.

In view of this tremendous population explosion, do you anticipate that enrollees in this program will be given training in birth control methods and techniques and how to train other people in this area?

Secretary GARDNER. This is now a well-established feature of international health programs. Most of the nations are keenly interested in the problems of population and certainly it will be a distinctive feature of this program.

Mr. BROYHILL. Then you are saying that these people will be birth control experts that go to these countries as advisers to various ministers and whatnot?

Dr. LEE. The people who have been involved in the programs, Mr. Broyhill, and who have been requested, I don't think we would describe in that fashion exactly.

Many are people who have broad experience in public health administration, who are advising on the administration of overall programs.

There will be some people in obstetrics, for example, a professor of obstetrics, who might be training obstetricians in specific techniques. There will be people who are specialists in maternal and child health who are providing the public health supervision in maternal and child-health programs.

There will be health educators who are talented in the techniques of education of illiterate populations or populations in rural areas and other types of populations that might be involved in such programs. In every instance in which the United States has been involved, the programs involving family planning or birth control have been within a health program context, primarily programs to improve maternal and child health. This has been the context within which this program has been and will be conducted.

Mr. BROYHILL. Another committee of Congress at this very moment is exploring ways and means to feed the world. We in this country have obligated ourselves in great part to protect the world from a military standpoint and in this committee we are exploring ways and means to improve the health and the lifespan of the world. Now, it could be that we are overextending our own resources and neglecting our own problems here at home. But, be that as it may, I just wonder when you consider the world population explosion, if there is enough work going on in research and training in the birth control field and I am wondering if this program on world health that we are talking about today will emphasize this enough. I feel very strongly that any such program that attempts to attack and solve world health problems must include population control training as an integral part of such a program.

I am just making those comments. Maybe you may want to make some comments.

That is all I have, Mr. Chairman.

Dr. LEE. We might just add a word on the research. There is a changed emphasis in the Public Health Service in the Institute of Child Health and Human Development. This has been reorganized within the last 6 months with a specific division set up to conduct and support expanded research programs in the whole area of human reproduction, which, of course, relates directly to this effort.

Mr. BROYHILL. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Farnsley.

Mr. FARNSLEY. Thank you.

I don't have any questions, but I am all for you. I think it is not a criticism, but, if there is anything, it is mighty little and mighty late. If my five children are sick, or my wife, I want help. When I am sick, or think I am sick, which is usually the case, I want help. I am just worried and sorry for anyone in the world that has trouble.

Bless your heart. Thank you.

The CHAIRMAN. Dr. Carter.

Mr. CARTER. Thank you, Mr. Chairman.

In South Vietnam, in Saigon, not too long ago I saw a medical school which had been built by USAF, a very fine school, by the way, but as I understand it there is not enough personnel to man that school.

What are we going to do about that?

Dr. STEWART. Yes; there was an announcement I believe last Monday, that the American Medical Association has signed a contract with AID, with the AMA acting as the agent, in a sense, for finding faculty members within U.S. medical schools to go over there and to begin to staff the Saigon Medical School, but, more importantly, to begin to train the Vietnamese faculty that will eventually take over the medical school.

As I understand, there is a team from the AMA going out to Saigon within the next week or so. We look on this as a real service that the American Medical Association is providing in this field.

Mr. CARTER. I know that we do have an increased demand for physicians going into the Armed Forces. That is quite evident today, that more and more are being drafted, that we get calls every day and young physicians particularly are being drafted. Do you think that the number of physicians you are requiring will further embarrass us in that respect? Will it put a greater demand upon the number of physicians needed?

Dr. STEWART. No, sir; I don't think we are talking about that great a number of physicians. When we talk about health personnel we are talking about a whole variety of professions.

Mr. CARTER. Yes.

Dr. STEWART. Also, we are not talking for the most part of physicians, as we visualize physicians acting in practice here. We are really visualizing physicians acting as, say, advisers to the minister of health or advisers to the dean and faculty of a developing medical school, or some other function different from the 1-to-1 relation that one sees between physicians and patients so often in this country.

Mr. CARTER. I still think that we should do something to attract more physicians to medical schools because there is going to be a greater need for physicians.

Dr. STEWART. There isn't any question about that, Dr. Carter.

Mr. CARTER. What percentage of these fellowships will go for podiatrists in the international agency Will the podiatrists perform their usual functions in this agency?

Dr. STEWART. I would be unable to say what proportion would go for podiatrists. I think it would be a small proportion, if at all. Second, they would be performing functions mostly in public health—how to organize a large water supply program, or how to eliminate filariasis from some area, or how to develop a malaria eradication program.

If they are qualified for this then they would be qualified.

Mr. CARTER. Actually they are not trained in that way. Podiatrists are foot doctors.

Dr. STEWART. Yes.

Mr. CARTER. It would be quite unusual for them to expand into that area.

Dr. STEWART. I think it would be, but there may have been one who has gotten interested.

Mr. CARTER. It is highly improbable, I would think, sort of on the outer fringe. At least we see the need now in many, many places of this agency, there is no doubt about it, and the amount of moneys as I see in this, while, of course, we are putting more and more in different things, comparatively speaking it is not too much.

Ten million dollars is a lot of money, but in comparison to the amount of money we are using in other agencies for different things for help of less importance it is only a drop in the bucket, I should think.

Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Watson.

Mr. WATSON. Thank you, Mr. Chairman.

Mr. Secretary, I am sure that everyone on this committee shares the thinking of our colleague, Mr. Farnsley, that certainly there is no more important need than tying to eradicate disease unless perhaps it would be to feed the hungry mouths throughout the world, but I think we all should be aware of the fact that we are not going to be able to do it totally.

Would you not agree with me that this very modest appropriation of $10 million, even if it should jump to $100 million the next year, would virtually be as trying to dam the ocean with a shovel?

Secretary GARDNER. It is a modest sum. I think that you have to keep in mind the great leverage which I mentioned earlier. We are not thinking in terms of doctors to man a 1-to-1 patient relationship with the sick people of the world.

We are thinking of advisers. We are thinking of people who go in and serve as the sparkplugs, for all the technical assistance rightly done involves this kind of leverage, the kind of teaching, the kind of starting of something that permits a small number of personnel to achieve a great result because they bring with them a great backlog of know-how.

I agree with you that the total need is very, very great, but as I observe the programs which exist to date, with the very modest numbers of personnel available and the variable quality of those personnel, I think that this program represents a great advance. Even as to that number of 50 fellows that we mentioned, if I could see 50 first-

class people going into making a career training in this field each year I would be very pleased.

Mr. WATSON. Mr. Secretary, I notice in the preamble in section 2 of the bill you state an objective of trying to provide our share of the health workers.

What is our share? This is page 2 of the bill. What is our share? If we can relate that to page 4 in the first paragraph of your testimony where presently we are providing one-third of the funds for the World Health Organization and for the Pan American Health Organization, apparently one-third is inadequate. What is our share?

Secretary GARDNER. I don't think that I could answer that question and I don't think there is any figure or any standard that you can set.

I think that in the multilateral organizations we probably should be supplying a higher percentage of the personnel than we are supplying to date: the reason we are not is that we soak up our own health personnel in domestic needs very heavily.

Mr. WATSON. I don't want to belabor this point, but it really disturbs me. As I have listened to the testimony I believe the doctor has pointed out that the principal difference between international health and national health is the matter of the severity of the need in other countries and your custom and language barrier. Is that not basically it?

Secretary GARDNER. This is very true.

Mr. WATSON. Malaria here is the same as malaria other places. I can understand the difference in cost, but basically the difference between national and international is a matter of language barriers, customs, and the severity of the need.

Is that not correct?

Secretary GARDNER. This is quite true, although in these developing nations a medical man will run into far more problems—the physician or sanitary engineer—than he would encounter here.

Mr. WATSON. That would relate to the severity of need.

That brings me to the next question in the depressed areas. I have heard the name Peace Corps used quite often, so apparently this is a postgraduate program for members of the Peace Corps when they fulfill their term, and I am not objecting to that because they have done some invaluable service, but the thing that disturbs me is why is it necessary for us to send or train American people, first, in the language; second, in the customs and traditions of the area, when a native would have better acceptance in the country than would an American.

We inject ourselves in so many countries now, perhaps that is a contributing factor to so many of the problems. Why don't we bring these natives over here who do not have the barrier of the language, who do not have the barrier primarily of the customs, and train them and send them back to try to meet these health needs?

It seems axiomatic to me that that would be the proper approach to it, but maybe I am oversimplifying it.

Dr. LEE. Mr. Watson, as I indicated earlier, we have trained for the last 20 years a large number of health workers in various disciplines from many countries. They have returned to their own countries as teachers, administrators, and in positions of leadership, but it is a total approach.

It is a combined program. There isn't one single approach such as training other personnel in this country. The main effort, of course, has to be to build up their capacity in their own countries to solve their own problems and we can make an essential contribution to that partly through training their people here, partly through a limited number of highly trained Americans working abroad.

Mr. WATSON. What would be a better way to build up that country's capacity than to train its own citizens, rather than to send an American over there?

I think we are really missing the boat on this. Perhaps it is too elementary and I am missing the mark, but I would like you to amplify that a little bit.

Secretary GARDNER. Let me say that we are doing this. We are doing just exactly what you would have us do and have been doing it for some time.

Mr. WATSON. But, Mr. Secretary, this program doesn't include an expansion of that training of local people. It only includes the training of Americans, and that is the point I can't understand.

Secretary GARDNER. What we have discovered is that over and above the training which we have been doing and must continue to do of foreign nationals whom we send back to work on their own programs, we must at all times have at our own disposal a career service to serve the purposes which this Nation regards as important at any given time.

When we decide in our national interest and to serve the purposes that Congress and the American people want to serve we must send surgical teams to Vietnam, we cannot pick up various foreign nationals whom we have educated in the past and say, "Go to Vietnam."

We can in the Public Health Service and send some surgical teams to Vietnam, and that is their duty.

Mr. WATSON. Mr. Secretary, you must understand that Vietnam is a rather unusual situation now. Even in that connection I have a doctor in my district, a young man, who is eligible for the draft and has been so notified and he is now awaiting call and has sought my assistance in trying to expedite the call in order to go over there and serve.

However, the thing that disturbs me is you say that we will need these trained Americans in order to meet our demand in the international health field.

Is it not axiomatic that our demand would lessen in proportion to the number of trained indigenous or local natives that we train?

Secretary GARDNER. Yes, sir; it is.

Mr. WATSON. Why don't we approach it from that angle at far less cost than the matter of training our own people and the doctor and his family have to go over there and still face the barriers?

Dr. LEE. In the foreign aid program there will be a request to double or triple the funds to expand training of health manpower in the developing countries. That authorization exists in the Agency for International Development and the funds will be requested by AID in their presentations to the Congress. That is where that segment of the program will be handled.

Mr. WATSON. Should not that properly be handled through this Department through the program that you started here? Where will

they be trained? You say they don't have the competent health people in the foreign countries, but they are going to be trained here at the same schools of health I guess.

Dr. LEE. There is a limited number of foreign physicians, engineers, and others who are trained in our schools of public health; for example, at Johns Hopkins where they have an outstanding international division for training. They will be trained at such schools. They will return to their own countries and initiate or expand existing programs there. In many countries we have trained the key leaders in medical schools, nursing schools, schools of public health.

We have helped to establish those schools with foreign aid funds, and the reason it isn't in the Department of Health, Education, and Welfare is because we are not in that business.

There is the State Department and the Agency for International Development and they have carried out those programs in the past and continue to do so.

Mr. WATSON. Doctor, you say you are not in that business? As I recall, there are 234 commissioned health officers now serving throughout the world. You are not in that business?

Dr. LEE. We detail people to other agencies.

Mr. WATSON. But you initiate it, I assume.

Dr. LEE. The request comes from the Agency for International Development for many types of health personnel. The requests from the Peace Corps are particularly for medical officers to provide health protection and medical care for the volunteers.

Mr. WATSON. But you supply the health officers I assume, or so far as you are able to?

Dr. STEWART. That is correct.

Mr. WATSON. From these requests from the other agencies, so you can't say you are not in the business, and in a very substantial manner, 234 commissioned officers.

Dr. STEWART. We are not in the business of supporting nationals of other countries for training in this country. I think that is what the doctor meant.

Dr. LEE. Yes.

Mr. WATSON. You do not feel there is any duplication in this bill with the Health Professions Educational Assistance Act we passed a year ago?

Dr. STEWART. No, sir.

Mr. WATSON. You believe the mere creation of this program will give added incentive to these young people to enter the health service that they would not have under existing programs?

Secretary GARDNER. Yes, sir.

Mr. WATSON. If they are interested in international health and we have broad educational benefits under this professional health service, the National Defense Education Fund, what is it otherwise that they will need in order to incite them? You stated earlier that we have so many young people who are not interested in domestic health fields, but are interested in international health fields.

Did you not say that, Doctor?

Dr. STEWART. Yes. Under the health professions bill.

Mr. WATSON. That is right. Help me to understand what is there in this program that would encourage them if they have such an interest over and above what we presently have in existence.

Dr. STEWART. Presently, let me say in the medical field, for the man obtaining his M.D., he may be at a medical school that does not have any program of international health whatsoever.

Mr. WATSON. Yes, but if he is interested in international health he would go to that school.

Dr. STEWART. There are very few which have a program designed for international health. Some may have one or two aspects of it, but they have not concentrated on the whole. This is the purpose of a great part of this program.

Beyond that when a man graduates and finishes his internship, he has now no way of entering a career service in international health that he might be interested in at the present time.

Mr. WATSON. You are in it through your program. You have 234.

Dr. STEWART. He can apply for a commission in the Public Health Service, but we cannot say that by doing so and so he can look forward to a career in international health.

Mr. WATSON. Obviously with the demands that you have, and you say they are great, any young man graduating from one of these schools you could use right now, couldn't you, Doctor?

Dr. STEWART. Yes, but we have demands for staffing in 52 Indian hospitals, and in other general hospitals, and everywhere else, too, and most of this is the international program. We do have the ability of detailing on request from other agencies. We try to meet these details as well as we can.

Mr. WATSON. I want to say again that I think the substance of the program is good, the objective, but I think the mechanics are very impractical. I think we are approaching it from the wrong angle. We are going to get into trouble. We are going to have a further drain upon our own shortage of health officials, and officers, and personnel, and it would be far better to do the job by training these locals and do it at far less expense because all we would have to do is bring them over there, train them, and then let them go back.

I assume they are interested in the health of their own people, and I think it would be rather difficult for us to go over and try to reindoctrinate them in the health of their people if they are not presently interested.

Thank you very much.

The CHAIRMAN. Is that all, Mr. Watson?

Mr. WATSON. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Secretary, we deeply appreciate you and your associates here taking the time to provide us with this information. You have been very informative to the committee.

I believe there was one specific request that you bring back to the committee a 3-year estimate. If you will give this to us we will appreciate it because that has been the policy of this committee through the years, not to have open end authorizations, and for Congress to come back and take a look at these programs as the time goes by.

Again I want to compliment you and to say that you and your associates certainly have done a very able job in presenting your case. We wish you well.

Secretary GARDNER. Thank you, Mr. Chairman.

The CHAIRMAN. This committee will stand adjourned until tomorrow at 10 o'clock. As our witnesses we will start off tomorrow with

those that should have been heard today, Dr. Ernest L. Stebbins, dean of the School of Hygiene and Public Health, Johns Hopkins University; Dr. Thomas Hunter, chancellor for medical affairs, University of Virginia, and chairman of the Committee on International Medical Education Association; Warren Zeph Lane, M.D., the Norwalk Hospital, Norwalk, Conn.; and Mr. David Whatley, Washington, D.C.

If any of you gentlemen are present and wish to present your statement for the record, you might do that at the present time, but if you wish to come back tomorrow at 10 o'clock you will be heard first before the others will be heard.

The committee will adjourn until tomorrow at 10 o'clock.

(Whereupon, at 12:36 p.m. the committee adjourned until 10 a.m. Wednesday, February 16, 1966.)

59-494—66——4

INTERNATIONAL HEALTH ACT OF 1966

WEDNESDAY, FEBRUARY 16, 1966

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The committee met at 10 a.m., pursuant to recess, in room 2123, Rayburn House Office Building, Hon. Harley O. Staggers (chairman) presiding.

The CHAIRMAN. The committee will come to order.

Yesterday when the committee adjourned we had not heard all the witnesses scheduled on H.R. 12453, known as the International Health Act of 1966. When we adjourned the next witness to be heard was Dr. Ernest L. Stebbins, dean of the School of Hygiene and Public Health of Johns Hopkins University, Baltimore, Md.

However, we have with us at this time our colleague from Minnesota, the Honorable Donald Fraser, who wishes to make a short statement. You may proceed Mr. Fraser.

STATEMENT OF HON. DONALD M. FRASER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Mr. FRASER. Mr. Chairman, members of the committee, I am happy to give my enthusiastic support to H.R. 12453, the International Health Act of 1966.

I was very much impressed by the following language in President Johnson's message on international health.

> Control or eradication of animal diseases could increase the meat supply by more than 25 percent in a number of developing nations. As many as three-fourths of the rural population suffer from debilitating diseases that originate in animals.

Here certainly is a challenge to the United States where we have learned to control diseases in animals so that they will not spread to people who must handle animals nor to the consumer of milk. I would certainly hope that the International Health Act of 1966 will be broad enough to address itself squarely to this problem.

Certainly a greatly expanded dollar figure would be necessary if we really intend to have an impact in this type of health activity.

In addition, it is not enough for us to only train doctors and nurses to treat the people after they become ill. If we are wise, we will train the veterinarians who can go overseas and help establish proper disease control and proper steps for eradicating these debilitating diseases. In addition, our veterinarians can help train local people to become veterinarians.

Diseases transmitted directly from animals—such as rabies—and those spread by consuming contaminated food—such as tuberculosis,

brucellosis, and tapeworms—need the expert skills and training of veterinarians to provide maximum health protection for the people.

For these reasons, I was most impressed by the statement of the American Veterinary Medical Association in support of H.R. 12453. It says, in part:

> The social and economic progress of a developing nation depends first of all upon the health and vigor of its human population. Human health and welfare depend to a very great extent upon the adequacy of man's food supply and the effectiveness of measures to protect his health. Stable institutions cannot be expected to materialize among sick and hungry people.

That certainly is an excellent statement of the problems we face in trying to bring political stability and economic progress to the underdeveloped nations.

I am convinced that the International Health Act of 1966 can be an important means of advancing our foreign policy. I certainly feel that veterinarians should be among the health professions covered in this legislation.

The CHAIRMAN. Thank you for your views Mr. Fraser.

Mr. FRASER. Thank you for the opportunity, Mr. Chairman.

The CHAIRMAN. If there are no questions we will now hear from Dr. Stebbins. Doctor, would you take the stand please, sir, and you may proceed. You may insert your prepared statement in the record and give it extemporaneously, or do as you please.

STATEMENT OF ERNEST L. STEBBINS, M.D., DEAN, SCHOOL OF HYGIENE AND PUBLIC HEALTH, JOHNS HOPKINS UNIVERSITY

Dr. STEBBINS. Thank you, Mr. Chairman.

I want to first express my appreciation to the committee for this opportunity to testify concerning H.R. 12453. I am here not in my capacity as dean of the school of public health, but rather as a representative of the American Public Health Association of which I am president, and the Association of Schools of Public Health. I would like to submit the statement of the American Public Health Association along with my own prepared statement.

(The material referred to will be found at the end of Dr. Stebbins' testimony.)

Both of these organizations have taken the position of support for legislation for the development and improvement of the international health activities of the U.S. Government. Our activities have involved international relations in the health field for many years.

Since the beginning of the American Public Health Association over 90 years ago it has had an international flavor in that Canada and Mexico have been a part of the organization. For example, each year a vice president is named from our Canadian membership and from our Mexican membership. The two associations have also been closely related with the various activities of the U.S. Government in the international health field, at the present time working closely with AID as well as with the U.S. Public Health Service in its broad international interests.

I would like to comment on three points: First, the importance of health in international relationships; second, the importance of this legislation in furthering the development of our Government's activi-

ties in international health growth; and, finally, the advantage to the United States that would result from the enactment of this legislation.

In doing this, with your permission, I would like to draw somewhat from my own personal experience.

Over the last 35 years I have been involved in a number of international programs sponsored by the World Health Organization, Pan American Health Organization, and the various foundations, particularly the Rockefeller Foundation and the Ford Foundation.

In the various capacities in which I have served I have had an opportunity to observe the impact of our Federal Government health assistance to other nations, particularly the developing nations, and I have been impressed with the acceptance by the peoples of underdeveloped countries of these activities on the part of the Agency for International Development.

In many instances where there has been evidence of anti-American feeling, the health activities have been given high praise by the same groups that have criticized other phases of our international policy.

In other words, I believe that the corps of international health workers would in essence be ambassadors of good will for the United States. I have seen so many examples of this in various parts of the world.

Another important consideration I believe in the development of a career corps of international health workers, which would be provided by this legislation, is the advancement of other aspects of our aid program.

There are innumerable examples of where the health program of our Federal international agencies have been effective in improving the general condition of the population.

The control of such diseases as malaria, schistosomiasis, malnutrition, has materially contributed to the economic development in the countries where these activities have been carried out.

Just to cite two examples, one in the Amapa territory on the Amazon. It was impossible to develop a very rich source of manganese which was of vital importance to that country, Brazil, and to the United States.

It was not until a health program was developed by a graduate of one of the schools of public health in this country that it was possible to fully develop this very major economic resource for that country and to supply urgent needs to our country for that product.

For example, it was economically unacceptable to the people in Brazil who were to develop this resource because it required three times as many railroad workers to operate the railroad that carried the ore from the site to the ports from which it would be shipped. When malaria was eradicated from that particular section of the country, they were able to reduce the number of persons that had to be employed in order to have personnel healthy enough to operate the railroad at one-third the previous number.

This has been extended to broad health services for the workers in this industry and it is a thriving industry providing greatly increased resources for the country.

Another example is in the rubber industry. During World War II, as you all know, there was an urgent need for an increased supply of rubber to meet the war needs.

It was impossible to produce this rubber without providing health services because the rubber workers were constantly ill with the various diseases that were endemic and epidemic in that part of the world.

Another indication of the importance of our participation in international health work is the desire expressed on the part of the peoples of the underdeveloped country for improved health conditions.

In India not long ago in a community in which we have been working for a great many years the villagers were asked to name the things that had meant the most to them during the period of our assistance to the community. In every instance health factors, such as improved water supply, the development of health clinics, the provision of services for population control, were listed highest by the people who had been served by various programs to improve their lot and provide for the development of their economic resources.

I feel very strongly that in no other field do we have more opportunity for the development of good, friendly working relationships with the peoples of the underdeveloped countries than in the field of health.

It has been said that health work detracts nothing from those who give it and it is an unadulterated blessing to those who receive it, and this is reflected in the attitudes of the peoples of the developing countries.

I would like to comment on the specific provisions of this bill and why I believe, and the two associations that I represent believe, that it is extremely important.

Over the years I have observed the difficulty of the various AID agencies, whether ICA or AID, in recruiting competent health workers to go into the sometimes rather unpleasant areas where our international health programs have been carried out.

One of the difficulties was that they would go for a period of 2 or sometimes more years and then would return to the United States where, having been separated from their professional colleagues for a period of time, they found it very difficult to get back into their professsional work.

This has led some of them to continue in international health service because they could not readily readjust to practice in this country.

Another reason that I believe that this legislation is extremely important is that this would provide a highly trained corps of Public Health Service personnel that could be assigned to various parts of the world.

The problems of the developing countries, while not identical, certainly are similar and the experience in one underdeveloped country is of tremendous value in working in another. The health problems in the underdeveloped or developing countries are quite different from those of the United States for which special training is needed. The development of a career service in this field will do much to improve the quality of the service that we can give and the effect of our health assistance to the developing countries.

Just to give you an example of the difference in the training that is needed, in the United States we have 1 physician for every 700 of the population, or approximately that. In many of the developing countries there is 1 physician for 40,000 or 50,000 people and his role is quite different under those differing circumstances.

The same is true of the other health professions. There is a tremendous difference between the availablity of dental services, nursing services, engineering services, in the developing countries so that a quite different approach must be made to the problems of these countries than would be made in this country.

Another problem that we have in preparing international health workers is that many of the diseases that are of prime concern in the developing countries, such as cholera, kwashiorkor, various parasitic infections, do not exist in the United States and I think it understandable that little attention is given to these diseases in our medical schools unless they are deliberately training people for service in the developing countries.

One of the important aspects of our international health activity is the assistance to the developing nations in developing their own training programs. Most of the emerging nations want to have medical schools. They want to have nursing schools, engineering schools.

They have tremendous difficulty in staffing by indigenous personnel because they haven't been trained. The lack of training is a very serious problem, and one of the things that our international health efforts have done is to supply faculty for these schools until such time as they can graduate their own well-trained persons to fill these positions.

For example, in Nigeria about half of the faculty of the University of Lagos came from outside of the country because there were not trained Nigerians to head the various departments of the medical school.

We have an exchange program in which our faculty are assisting in the development of the program of training in preventive medicine which is so vitally important to a country that has so few physicians and other health personnel.

With a career service in international health such as would be made possible by this legislation the Public Health Service could assign persons with a high degree of training in their own specialty fields, but also with an understanding of the special problems of the developing countries.

This is true in a number of fields and I would like to emphasize the need for training in population dynamics, population control. Many of the emerging nations recognize that their most serious problem is overpopulation and it is important that there be a new kind of health worker specially trained to assist in the development of programs of population control.

The advantages to this country: In the first place we need, as was pointed out yesterday, persons knowledgeable in the problems of international health. Our own quarantine activities are becoming more and more important.

With rapid transportation, people can import these rare and exotic diseases into the United States in such a short period that the incubation of the disease would not have taken place, the symptoms would not be apparent, and we will undoubtedly have the introduction into this country of many of these exotic diseases that have been considered no longer important in the United States. With a trained corps of Public Health personnel knowledgeable in these fields we will benefit in the protection of our own peoples.

We need people with this type of training for some of the newer programs of the Federal Government, the poverty program, the Appalachia program, the Indian health services, which have been in the past most inadequately developed. Persons trained in this field would be of tremendous value in these programs.

I would like to make one or two comments on questions that were raised yesterday: Why not bring all these people to the United States for training?

The tremendous number of health workers that are required for the developing nations would completely swamp our schools. We couldn't possibly train all the nurses that would be needed in all the countries that need them.

Therefore, what we would hope would result in stimulation of the development of training schools in these other countries, benefiting from the advice of experienced and competent people from the U.S. Public Health Service assigned to these programs.

True, we do train many health workers in this country. As you know, we depend very largely on the graduates of foreign medical schools to staff, in terms of interns and residents, some of our hospitals in this country and they do get training that would be of great value to them on their return to their own countries.

Unfortunately, many of them want to stay in this country and a rather surprising proportion of the newly licensed physicians in this country are coming from other countries.

And, you have heard the complaints of the brain drain from the developing countries. Still, we want to train as many of them as we can.

In the schools of public health 30 percent of the graduate students in public health for a number of years have come from other countries and they go back to their countries and become leaders.

In India, for example, the Minister of Health and the Director General of Health and the Assistant Director General of Health—all of them had training in the School of Public Health in Baltimore. They are leaders in their field, and this could be cited for other schools of public health throughout the world. We want to continue this and this is something that is especially important in this career program of the Public Health Service.

I would like to just read the last paragraph of my prepared statement because I think that it is an important consideration in reviewing this legislation.

To sum up, the development of a career service and training program in international health will enable the United States to fulfill its role of extending the benefits of modern medical science to the peoples of the developing nations of the world. In my opinion, it will be a major step toward international understanding and eventually world peace.

Thank you, Mr. Chairman. If there are questions I would be glad to answer them.

(Dr. Stebbins' full statement and that of the American Public Health Association follow:)

STATEMENT OF DR. ERNEST L. STEBBINS, M.D., DEAN, SCHOOL OF HYGIENE AND PUBLIC HEALTH, JOHNS HOPKINS UNIVERSITY, REPRESENTING THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

I am Dr. Ernest L. Stebbins, dean of the Johns Hopkins School of Hygiene and Public Health. I wish to speak in support of House Resolution 12453 introduced by Congressman Staggers. I represent the American Association of Schools of Public Health as the past president and the American Public Health Association as the current president. My 35 years of experience in the health field includes service as health commissioner of Henrico County, Va., and assistant commissioner of the New York State Health Department, and health commissioner of New York City.

In the field of international health, I served as consultant to the health activities of the American Military Government in Italy during World War II, and served as a consultant to the Armed Forces in Korea during the Korean war. I have served as a consultant to health projects in the Philippines, Brazil, Nigeria, Turkey, Ethiopia, India, Pakistan, Yugoslavia, Germany, Greece, and Italy. I am a member of several world health organization expert committees and have served as U.S. delegate to the World Health Assembly. From this background, I would like to present the following facts that may be of use to you in your deliberations on House Resolution 12453.

There are three main points which I wish to stress. First, the importance of international health activity to the United States. Second, the specific need for this training bill, and third, the importance of this training bill for the field of health in the United States.

Good health is universally and urgently desired by all people. You, as representatives of the American people, have recognized the demands of your constituents for improved health services and facilities. The desire for better health is equally as evident in the developing nations. In India, a recent village survey indicated that health clinics, water supplies, and malaria control were invariably among the most urgent needs expressed by the villagers.

The universal importance of health services was also demonstrated in Vietnam, where in the initial phases of the war, Government malaria spray teams were permitted to enter Vietcong controlled areas as the Vietcong recognized the importance of this health service to the villagers. As the war progressed, the Vietcong realized that this service was so effective that it was gaining support for the Free Vietnamese Government. For this reason, they then chose to block the malaria eradication work in the areas they controlled.

Not only are health services urgently desired by all the world's people, but health services often spur economic development. A familiar example is the building of the Panama Canal, where uncontrolled disease defeated the best efforts of an expertly engineered, well-financed, well-directed, French attempt at canal construction. In marked contrast was the success story of the American canal construction made possible by the well-planned and extensive health program under Dr. Gorgas. Present-day industrial development is replete with similar examples. I will mention only the joint Brazilian-American project for manganese mining in the backward, pestilential Amapa territory along the banks of the Amazon. Here, the development of the world's richest supply of manganese ore was made possible by an effective, comprehensive health program. This health program was designed by a Brazilian graduate from one of our American schools of public health who insisted that the health of the workers was essential for the development of this unique natural resource. Time has proved this health expert right. Today, much of the profit of the Icomi Corp. is being plowed back into Amapa territory in a broad program of education, agriculture, and community development.

The United States has the innate capacity to make the benefits of modern medical science available to the people of the developing nations of the world. In terms of financial resources we are the wealthiest Nation in the world. Far more important than this in terms of resources of dedicated young men and women with good basic education, we are so well endowed that we can afford to help in the improvement of the health of mankind throughout the world.

This leads us to my second point, the needs for this training bill. Although there is no lack of dedicated young men and women with real interests in international health, there is a real shortage of workers with the special training necessary for work in this field. As an example of this interest, large numbers of medical students inquire at our school for information on opportunities for work in international health. The Smith, Kline & French Co. offers travel fellowships to medical students wishing to work in developing nations. Invariably there are many more requests than this company can answer.

In the past, efforts of the Agency for International Development in the field of health have often been limited by the lack of qualified experts. It is easy to see why young physicians with training in public health are reluctant to enter AID service, for there has been no sense of continuity, no career. As the Agency for International Development, the Peace Corps and other governmental agencies expand their programs in health, nutrition, and family planning. we must provide the needed trained manpower to staff these programs. The Public Health Service must provide a career development program to offer well-trained physicians some sense of security and the chance for professional advancement.

The U.S. role in international health is not new. The American medical missionaries have been working in foreign fields for over a century. The Rockefeller Foundation has been carrying out its international health program for over 50 years. These agencies have learned through experience that they must provide training facilities and opportunities in the career service in order to have successful programs. Examples of the provision of training facilities are the medical school of the Seventh-day Adventists and the broad support of the Rockefeller Foundation to the development of schools of public health in the United States. We have much to learn from the splendid example provided us by the Rockefeller Foundation.

Of most immediate urgency in the international health field is the problem of rapid population growth. The field is so new that our greatest deficiencies are in terms of personnel who have the knowledge to pioneer the new approaches that are needed. Associated with this is the major field of nutrition and the evident lacks that have appeared in our ability to meet the needs of providing appropriate quality as well as quantity of food for the rapidly increasing numbers of people in the developing countries.

The third and final point is that our "bread cast upon the waters in the field of international health training will be returned to us." International health is one of the most attractive roots for recruitment of young physicians and nurses to the field of public health. With our expanded responsibilities for medicare, and the proverty program, we will have a great demand for persons with career commitments and good basic training in the fields of public health and community medicine. Past experience has shown that persons returning from foreign service frequently enter the service of our State and local health programs. The U.S. Public Health Service programs, such as foreign quarantine, the Indian service, development of health programs in Appalachia will all benefit from the returning young men and women who have received experience in health programs in the developing nations.

In closing, I will point out that we in the United States owe a great debt to other nations for the high level of health in this country. All of our early medical schools were founded by graduates from schools in Europe. Much of our whole public health movement is based on concepts developed abroad.

To sum up, the development of a career service and training program in international health will enable the United States to fulfill its role of extending the benefits of modern medical science in the peoples of the developing nations of the world. It will, in my opinion, be a major step toward international understanding and eventually world peace.

STATEMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The legislation which you are now considering is, in our opinion, one of the most important to come before the Congress in many years. It forsees the joining of our forces in an attempt to, as President Johnson said: "reduce the incidence of these diseases through new knowledge and more complete utilization of the medical knowledge we already have." The promise of what can be accomplished to improve the health and well-being of world citizenry and the opportunity it provides for better relations between the United States and foreign

countries through improved health conditions mandates most careful study and consideration of this proposal.

The American Public Health Association, whose members are actively concerned with the prevention and control of diseases throughout the world and whose membership includes physicians, scientists, nurses, and medical care administrators, among others, is, as you are undoubtedly aware, extremely interested in health needs the world over. We are proud of the health care provided to U.S. citizens. This pride only intensifies our interest in health conditions everywhere.

Our association has been convinced for some time that there is far too large a gap between medical and scientific discoveries and their application. We in the United States are priviledged to enjoy among the best medical care in the world. At the same time, however, due to poorly or inadequately trained personnel and an inadequate supply of health facilities, other nations are paying a terrible price in human life, human suffering, and financial loss. We must find a better system for training and delivering health services to people everywhere. Hence, our support of the premise of H.R. 12453, which would extend high quality medical care beyond the confines of the United States to the world community.

Public Health agencies have had long experience with problems of prevention, control, and treatment of both communicable and chronic diseases. The legislation which you are now considering would serve to spread our increased knowledge for the treatment of these diseases throughout the world so that malnutrition, tuberculosis, malaria, and other major diseases may be rendered less potent to stunt and destroy life.

The primary intent of the legislation is the training of personnel and spread of health knowledge. In this connection while the importance of training cannot be minimized, the APHA would like to point out that there already exist, in the medical community, professionally trained and experienced individuals who have worked in international health programs and who already have the skills and experience to serve abroad. For these the training period may well be unnecessary.

In the view of the APHA, this program must necessarily involve three aspects: (*a*) a complete evaluation of medical needs beforehand to most effectively utilize the appropriated funds, (*b*) the training of health personnel to deal with specific problems in specific countries, and (*c*) the exchange of U.S. and foreign health personnel.

As we have suggested, an essential element in the success of this program is early and comprehensive planning. This would include determining the basic health needs in specific areas and countries of the world as an assessment of the potential contribution of already existing facilities and their full involvement. It would involve a program aimed at training American health personnel to go abroad to teach and train health personnel to, in turn, teach and treat their own people.

Health problems vary from country to country. Therefore, we should make maximum use of training facilities in the United States by utilizing schools with facilities relating directly to specific health problems in other countries. We suggest the advisability of providing for a segment of the training program, of U.S. trainees, in the country in which they will serve.

In conclusion, then, the American Public Health Association supports this legislative proposal which, with appropriate amendments, we feel certain can be a means of uniting our Nation's total health competencies for the benefit of all nations. The program has tremendous potential and could play a large role in the eradication of suffering and disease throughout the world. We are in complete accord with the intent of the proposal and are fully prepared to assist in implementing this important project.

The CHAIRMAN. Dean, we certainly thank you for coming and giving us the benefit of your views.

I see you have had a great deal of experience abroad in some of these fields. I gather that you feel that this program would help to deal with some of the anti-Americanism and keep it down abroad if we have our people helping in this field?

Dr. STEBBINS. Yes; I think we have seen a good deal of evidence of this. At one time in the Philippines when the newspapers were criticizing the United States very bitterly for maintaining Clark Air Force Base, there was in the same newspaper a long article praising

the assistance from the United States in the development of the program of training at the University of the Philippines and it was a completely opposite point of view. The health assistance was being praised and editorials in the same newspaper were criticizing other activity of the United States.

I think this helps the overall balance, and I could cite a number of other instances where the health program of AID, limited as it has been in recent years, is still one of the most effective means of making friends in a number of countries.

The CHAIRMAN. I notice you gave as an example, that when some villagers were asked about the thing they considered most important, they said it was the health aspects of aid that came to them?

Dr. STEBBINS. That is right.

The CHAIRMAN. Then there is a great opportunity, as I gather from your testimony, for us.

Dr. STEBBINS. I believe it is a great opportunity at relatively small expense. It was brought up yesterday that this would increase the problem of shortage of health personnel in the United States.

Well, this small number of career personnel that was discussed is just infinitesimal in relationship to the overall picture.

For example, there are nearly 200,000 physicians in the United States. This would take away less than 500 and probably less than 300, so I don't think that this is going to materially impair the developmen of health services in the United States, but it will have a tremendous impact on health services in other nations.

The CHAIRMAN. It seemed to me that you emphasized the need abroad and that this would not be a hit or miss program, as we perhaps have to do now, but personnel would be trained in specific areas, who would then know something of the philosophy of the people and so forth.

Dr. STEBBINS. That is right. That is part of the proposed training. We have at the university I am associated with in a small way attempted this. We have a training program in international health. It is necessarily limited to a very small number of individuals and it is not as extensive a training program as would be proposed by this legislation, and this legislation would increase the numbers and would increase the depth of training that they would be able to obtain.

The CHAIRMAN. Thank you very kindly.

Mr. Friedel.

Mr. FRIEDEL. Mr. Chairman, I really welcome the dean of the Hygiene and Public Health Service from Johns Hopkins University. I don't know if you are a native of Baltimore.

Dr. STEBBINS. I am one of your constituents.

Mr. FRIEDEL. Thank you.

You are held in high esteem. Your statement is very, very good. I was greatly impressed with the last paragraph when you said:

> It will, in my opinion, be a major step toward international understanding and eventually world peace.

If we come anywhere near that objective it would be wonderful. However, can you elaborate just a little bit on this? On page 2 you mention in your statement:

> * * * government malaria spray teams were permitted to enter Vietcong-controlled areas as the Vietcong recognized the importance of the health service to the villagers.

That is a major step if we can get into the Vietnam areas and they peacefully allow us to do these things, but I would like to hear more about that.

Dr. STEBBINS. This was a report by an AID representative in Vietnam. He gave a seminar in Baltimore reporting on his activities there. In the early stages of the war he said that malaria teams were welcomed in the villages controlled by the Vietcong. Later, because the villagers were so impressed with this, the elimination of this disease with which they had lived from time immemorial, they said "The people that do this for us must be good people." This infiltration of public health into Vietcong villages was resented by Vietcong and following that our people had great difficulty in getting their malaria spray teams into the villages that were controlled by the Vietcong.

Mr. FRIEDEL. I want to thank you for your statement. I thought it was excellent. That is all, Mr. Chairman.

The CHAIRMAN. Mr. Curtin.

Mr. CURTIN. Thank you, Mr. Chairman.

Doctor, previous testimony was to the effect that the planned training programs were for, I believe, 50 associates and 100 fellows.

Dr. STEBBINS. I think it was the reverse, 50 fellows and 100 associates.

Mr. CURTIN. Thank you. That was each year. How many additional medical schools would be necessary to take care of that number?

Dr. STEBBINS. Well, it would not be additional medical schools. The intent of this legislation, as I understand it, is that this would make possible the development in the various schools of health, medical schools, nursing schools, engineering schools, schools of public health, or the expansion of an existing training program, to better prepare health workers to work in the international health field.

It would provide special training for physicians in the exotic diseases that they have to deal with in many of the developing countries. It would prepare them in the understanding of the culture of these peoples in other nations, the political situation, so that they could work more effectively toward improving the health services of that country, and importantly assisting these nations in establishing their own schools and providing faculty for their schools until they could man them themselves and produce the large number of health workers that will be needed.

Mr. CURTIN. This would be 150 new students in 1 year trained for the international health service. Couldn't you handle those at Johns Hopkins alone?

Dr. STEBBINS. No; I am afraid we couldn't.

Mr. CURTIN. How many of them could be handled at Johns Hopkins with a new department?

Dr. STEBBINS. There is constant pressure on all of the schools to develop new progams.

For example, the Congress has enacted the Medicare bill and we are being almost pushed into developing a specialized training program for those who will administer these programs.

In population control, there is the demand from various nations for trained personnel, specially trained in population control. We can take some 15 or 20 in each one of these special fields and we have 30

such special fields, and we have in international health now a limited number, and it has been very interesting and encouraging to me that many of our American students who thought they were going to be county health officers or city health officers when they get to the school decide that they would like to go into international health and they transfer over to the international health training program.

Many of the medical students just across the street from us come over and take their three quarters in international health. This is a sign that there are many people that are interested, but no one school could supply all of the personnel required for this career service.

And I would hope that it would not be in a limited number of schools, but this concept of training in international health would be very broad throughout the country.

Mr. CURTIN. Do I understand you to say that Johns Hopkins now provides courses in international health for a certain number of students?

Dr. STEBBINS. Yes.

Mr. CURTIN. For how many?

Dr. STEBBINS. I think this year we have 10.

Mr. CURTIN. Do you have facilities to increase that substantially?

Dr. STEBBINS. Yes; we could increase it some. We certainly couldn't double it or triple it in many of the schools if we are going to meet the demand.

Mr. CURTIN. In the event that this bill is enacted into law, would you increase your facilities and take in a certain number of these associates and fellows?

Dr. STEBBINS. I would certainly recommend that to my faculty and to the university authorities.

Mr. CURTIN. About how many more would you try to take in?

Dr. STEBBINS. Oh, I think that we possibly could double the number to 20 or 30, a maximum of 30. Our physical facilities just wouldn't permit us to take a large number.

Mr. CURTIN. That is all. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Moss?

Mr. Moss. No questions.

The CHAIRMAN. Mr. Broyhill?

Mr. BROYHILL. Just one question, Dr. Stebbins.

You mentioned population control. Do you feel that this program we are discussing here today includes training in population control, or do you feel that this is a very vital part of world health?

Dr. STEBBINS. I think undoubtedly this is the intent of this legislation, to greatly expand the number of well trained persons to direct and stimulate and train others to carry on population control methods.

I mentioned that this was one of the specialized programs that we have, and we have requests from other countries for the training of their physicians in population control, many times the number that we can possibly accept.

A number of countries, as you know, India, Pakistan, Turkey—well, a half dozen countries, have established a national policy of population control. They urgently need trained personnel.

We have been working primarily with India and Pakistan and the numbers that they need are so colossal that the only solution is to train people in this country who will help them develop their own schools.

The Ford Foundation, as you know, is strongly supporting training institutions in India, and also in Pakistan.

Mr. BROYHILL. Thank you very much.

The CHAIRMAN. Mr. Rogers?

Mr. ROGERS of Florida. Thank you, Mr. Chairman.

Doctor, I have been interested in your testimony, too, and appreciate your helping the committee. I am somewhat concerned about the manpower problem that would be involved.

Dr. STEBBINS. The manpower problem?

Mr. ROGERS of Florida. Yes. Don't you feel that we have a shortage of physicians and medical personnel in this country now?

Dr. STEBBINS. We certainly do, but we have 200,000 physicians, or roughly that, and this is talking about a few hundred.

Mr. ROGERS of Florida. I realize that, but what I am talking about is that here we have medicare just about ready to be launched in July of this year. We passed legislation in this committee to try to increase the number of doctors, and dentists, and so forth, to increase nurses, because of the critical shortage to handle the health of our own people to the standard that we think it should be.

Do you think it is well for us to put that program aside to the degree that this bill would envision?

Dr. STEBBINS. Certainly I would not recommend that you put that aside. I think it is fair to say, though, that the increasing number of trained health workers in the United States is such that we can afford this very small number for international health activities.

Mr. ROGERS of Florida. How many do you envision, you say?

Dr. STEBBINS. Well, the Secretary and the Surgeon General yesterday indicated that there would be 50 fellows and perhaps 100 associates a year, 150, and then they will be coming back and contributing to the Public Health Service activity in this country.

Mr. ROGERS of Florida. How long will it take to train them?

Dr. STEBBINS. The fellowship is for 1 year for a person with a professional degree; that is, a physician, a professional nurse, an engineer, a dentist. For the fellows, these would be people who would be rendering service in the country, with perhaps 1 year of training and 2 years of service overseas.

These 100 individuals would be distributed around the world and would be at a very senior level and would serve as advisers to the country, would serve as faculty in training schools being developed in these countries. It would not be a large number that would be withdrawn from the services for this country.

Mr. ROGERS of Florida. Don't we have any personnel doing that type of work now?

Dr. STEBBINS. We have some; yes.

Mr. ROGERS of Florida. Do you know the number?

Dr. STEBBINS. The Surgeon General reported yesterday that 234 staff members of the Public Health Service are now assigned to various activities in other branches of the Government, primarily to the Peace Corp and to AID.

Mr. ROGERS of Florida. So actually in this whole activity, there would be not 50, but 150 additional to the 234 now working?

Dr. STEBBINS. That is right.

Mr. ROGERS of Florida. And 500 people working outside of our country gets to be a fairly good number when you consider the number of doctors we turn out a year, wouldn't you think?

Dr. STEBBINS. In my opinion it is not an unreasonable number for the benefits that would accrue to the United States from an international health program.

Mr. ROGERS of Florida. How will this work in with the program that is going on with the World Health Organization? Isn't this counter to the cooperation that we have indicated we would give to the World Health Organization?

Dr. STEBBINS. No; this is supportive to the program of the World Health Organization.

Mr. ROGERS of Florida. Would this be administered by the World Health Organization?

Dr. STEBBINS. No; this would be administered by the Department of Health, Education, and Welfare.

Mr. ROGERS of Florida. Is there any reason why it shouldn't be administered by the World Health Organization, by those member nations who are participating in decisions to be made by that organization?

Dr. STEBBINS. The World Health Organization is a very efficient and effective mechanism of developing multilateral health services, but I think one of the advantages of this program would be that these people would be identified as U.S. citizens, public health workers, health workers, in the broad field, whereas if we do this through the World Health Organization, important as that is, and I think that should be expanded; a relatively small proportion of the staff of the World Health Organization comes from the United States.

Mr. ROGERS of Florida. Maybe it should be bolstered and we should call on nationals of other countries to come in and maybe help train some.

I have been concerned, too, by the statistics given this committee about how many foreign doctors are in our country actually practicing and, for instance, running emergency rooms and this sort of thing, particularly in New York City.

I am sure you are aware of that problem, too. Is there any reason why the nationals of those countries couldn't do this sort of work with a little training?

Dr. STEBBINS. A great many nationals of those other countries are doing this work through the World Health Organization. This is a source of recruitment for the World Health Organization.

Mr. ROGERS of Florida. Also, we have a Pan American Health Organization, don't we?

Dr. STEBBINS. That's correct.

Mr. ROGERS of Florida. Aren't we going to work there, too?

Dr. STEBBINS. Yes.

Mr. ROGERS of Florida. Isn't that organized to help meet the health problems of the nations in this hemisphere?

Dr. STEBBINS. That is right.

Mr. ROGERS of Florida. It is more specialized in this area, isn't it?

Dr. STEBBINS. The Pan American Health Organization is the regional office of the World Health Organization for this hemisphere and it receives support from the American nations over and above that from the World Health Organization.

Mr. ROGERS of Florida. How do you think they would look upon this? They are trying to do a job and we come in and send personnel in without coordinating with them.

Dr. STEBBINS. It is coordinated through the international health division of the Public Health Service and will be with this expansion. The World Health Organization, the Pan American Health Organization, which is the regional office of the World Health Organization, and the international health division, AID, are working very closely together.

If I may give one further example from personal experience, in the Philippines every month under the chairmanship of the director of health for the Philippines representatives of the World Health Organization, AID, the various foundations working there, meet to report on their programs so as to avoid duplication and to provide an integration of all of these activities.

Mr. ROGERS of Florida. Don't you feel that those organizations are putting the proper emphasis on the health problems?

Dr. STEBBINS. I think they are.

Mr. ROGERS of Florida. Then what could we do that would better what they are doing?

Dr. STEBBINS. I wouldn't say that we could do something better, but they are limited in their staff, in their personnel. The problems that exist in these developing countries are so great that we could double what WHO is doing, double what AID is doing, and double what the Public Health Service is doing and still——

Mr. ROGERS of Florida. Right, and double what we are doing for our own people, too, almost, couldn't we, in the health field?

Dr. STEBBINS. I wouldn't say double, but I think we could do much more than we are doing.

Mr. ROGERS of Florida. Because a lot of our schools told us when we passed the Health Education Act that the schools couldn't take very many more. They didn't have the personnel to teach them and they didn't have the facilities. How is this going to affect the situation if we can't even train our own people, with many of the schools objecting when we asked them for a 2½-percent increase of their freshman class?

They didn't even want to do that.

Dr. STEBBINS. Some of the schools are at their maximum now. With increased faculty and with increased facilities they could expand.

Mr. ROGERS of Florida. Where do we get the faculty?

Dr. STEBBINS. There are still some people who are willing to work for universities.

Mr. ROGERS of Florida. Well, I am just concerned because we are trying to do so much in our own country in training personnel where there is a great shortage and now come in and say we can start training people from all over the world. It causes us some concern. This is my feeling. Also, I notice in this bill they haven't even considered using the junior colleges as a possible source of training.

What is your feeling on that?

Dr. STEBBINS. I think that for the career service assigned to advise governments we need highly trained people. There is no reason why the junior colleges could not prepare people for further training and eventually those people would become very useful in an international

program, but most of the developing countries look to the United States for leadership and not just service.

The person in a junior college is an extremely valuable person in providing service, but not in this high level advisory capacity that we are talking about in this legislation.

Mr. ROGERS of Florida. Then you envision this as simply a high level advisory capacity to be developed?

Dr. STEBBINS. That is the primary purpose, as I understand it, to provide highly trained people.

Mr. ROGERS of Florida. Not to render any services other than advice?

Dr. STEBBINS. Advice yes and to teach in the developing schools, if you call that service, and to provide by example the training that these underdeveloped countries need for their own personnel.

Mr. ROGERS of Florida. And you don't think that can be accomplished under the existing organizations that we have such as the World Health Organization, the Pan American Health Organization, our programs in AID, the Peace Corp, and so forth?

Dr. STEBBINS. I think that there is need for a career service to provide these people and this has been clearly demonstrated by the problems that AID has had in recruiting personnel to serve overseas.

Mr. ROGERS of Florida. Haven't we let the Public Health people go into these services?

Dr. STEBBINS. Some of them.

Mr. ROGERS of Florida. Aren't they commissioned officers?

Dr. STEBBINS. Yes, they are.

Mr. ROGERS of Florida. Don't they have a career?

Dr. STEBBINS. Those do.

Mr. ROGERS of Florida. How many others don't?

Dr. STEBBINS. Other than the commissioned corps, and during most of the period of AID as far as I have observed it, many of them were just recruited without any assurance that they would have a job at the end of the 2-year contract they signed for work in this country.

Mr. ROGERS of Florida. Wouldn't these people be in a commissioned corps?

Dr. STEBBINS. Many of them were not.

Mr. ROGERS of Florida. Would not this bill bring them into the commissioned corps?

Dr. STEBBINS. That is the intent.

Mr. ROGERS of Florida. So actually the purpose of this is simply to waive the limitation on the commissioned corps in the Public Health Service, isn't it?

Dr. STEBBINS. Well, it would certainly expand by this number.

Mr. ROGERS of Florida. Well, it says in paragraph (d) on page 9 that it waives it, so this is probably the thrust of the legislation, isn't it?

Dr. STEBBINS. Yes, I think it is one of the most important features.

Mr. ROGERS of Florida. Important because they are doing everything right now through the Public Health Service. They are having officers assigned to the Pan American Health Organization, to AID to the World Health Organization. They are doing this now, and all this does is simply waive the limitation?

Dr. STEBBINS. But provide a training program for——

Mr. ROGERS of Florida. We train them now, don't we? We pay for their education in the commissioned corps? There is such a program?

Dr. STEBBINS. For a limited number.

Mr. ROGERS of Florida. And this waives the number—that is, what I am saying—doesn't it?

Dr. STEBBINS. That is one interpretation of it, yes. It would expand the training program for international health and increase the numbers of persons.

Mr. ROGERS of Florida. And you feel it is essential that we increase the numbers, that we are not devoting enough to Public Health Service in the international field?

Dr. STEBBINS. I feel that very strongly, sir.

Mr. ROGERS of Florida. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. I don't believe that when the Secretary was here yesterday, he gave any thrust to the remark that we are trying to commission these people. There was a need for training of these people and that was the main thrust of this bill.

Mr. ROGERS of Florida. I was just reading the bill, Mr. Chairman.

The CHAIRMAN. I know, but I think that all the testimony given by the Surgeon General and by the Secretary of Health, Education, and Welfare concerned the need of a trained corps to do this, and incentives for people to be in it, and having some place to come back home to.

Mr. ROGERS of Florida. Maybe I am in error in reading the bill, but, as I understand it, it would bring them into the commissioned corps of Public Health.

The CHAIRMAN. That was incidental and is one of the things to give them an incentive.

Dr. STEBBINS. That is right.

Mr. ROGERS of Florida. The point I was making, Mr. Chairman, was that this waives that limitation. Therefore, they simply bring them into the commissioned corps, and this seems to me the thrust of the bill.

The CHAIRMAN. Dr. Carter?

Mr. CARTER. Dr. Stebbins, most of the training to which you referred I believe in part would be postgraduate training, would it not, after they received their M.D. degrees?

Dr. STEBBINS. I believe the intent of the bill is to strengthen the training in international health at an undergraduate medical level, perhaps nursing and dentistry, but primarily to give training in depth in international health as postgraduate training.

Mr. CARTER. As applies to physicians it would be beyond the M.D. degrees?

Dr. STEBBINS. I think it is, and to strengthen the teaching of international health at the undergraduate level in medical schools. That is my interpretation.

Mr. CARTER. How many schools of public health do we have now in the United States?

Dr. STEBBINS. Thirteen.

Mr. CARTER. How many of these have international health programs?

Dr. STEBBINS. I would say that three or four have an identifiable international health training program. Others provide training in diseases prevalent in the underdeveloped countries and some training in problems of cultural differences, but I think only three have identifiable courses in international health.

Mr. CARTER. It shouldn't be too hard to convert these schools to staff these courses, would it, particularly at Tulane where we have a good school of tropical medicines and so on.

I believe you stated that your school might absorb 20 more, that you might take 30. Perhaps it shouldn't be too great a problem to train 100 or 150 more medical men in this field, as I see it. What would be the impact of having trained public health people go into South Vietnam at the present time?

Dr. STEBBINS. Well, there are some there now.

Mr. CARTER. Yes, sir; but more of them.

Dr. STEBBINS. More are needed and I think the impact would be in making the South Vietnamese feel that we are concerned with their own health problems. There are some South Vietnamese that have been trained in this country in health, but they are limited in number and they must be greatly supported by assistance.

Mr. CARTER. It would give us a better image in that country if we did this, wouldn't it, if we showed we were trying to help them in eradication of their diseases?

Dr. STEBBINS. That certainly is true.

Mr. CARTER. If we go ahead with the medical school which we built in Saigon, help staff them, for instance, that would help, would it not?

Dr. STEBBINS. Very much.

Mr. CARTER. Another thing. Don't you think it would be wise if in this corps we spearheaded an effort toward population control, if we perhaps assisted them with leadership for the establishment of birth control clinics throughout the world? Recently I visited one in New Delhi and it seemed they were doing very well.

After all, the expense of this is not too much, is it? About $10 million the first year is the cost of this bill.

Dr. STEBBINS. Compared to the values that it would have it seems to me that this is a very small amount. I would have to work on a budget, and $10 million sounds like a lot of money, but in my opinion this is so important that that would be a very minor factor in consideration.

It is rather what we can do to improve our image in developing nations through assisting them in handling their own health problems.

Mr. CARTER. I agree with you, Doctor. Thank you so much.

The CHAIRMAN. Mr. Murphy?

Mr. MURPHY. I have no questions.

The CHAIRMAN. Mr. Devine?

Mr. DEVINE. I have no questions, Mr. Chairman.

The CHAIRMAN. Mr. Satterfield?

Mr. SATTERFIELD. I have no questions.

The CHAIRMAN. Mr. Keith?

Mr. KEITH. No questions.

The CHAIRMAN. Doctor, we thank you very kindly for coming and giving us the benefit of your views. I think it has been enlightening to the committee and we appreciate it very much.

Dr. STEBBINS. Thank you.

The CHAIRMAN. Our next witness will be Dr. Thomas Hunter, chancellor for medical affairs at the University of Virginia.

Dr. Hunter, we are very happy to have you with us. You may proceed as you see fit by either reading your statement or inserting it in the record and giving a summary.

STATEMENT OF DR. THOMAS HUNTER, CHANCELLOR FOR MEDICAL AFFAIRS, UNIVERSITY OF VIRGINIA; ACCOMPANIED BY DR. HENRY VAN ZILE HYDE, EXECUTIVE DIRECTOR; AND DR. HAROLD MARGULIES, ASSOCIATE DIRECTOR, INTERNATIONAL DIVISION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Dr. HUNTER. Mr. Chairman, I prefer, if I may, to introduce my statement and then discuss it, and perhaps use less time than just reading it.

The CHAIRMAN. That will be very good because we are pressed for time. However, we want all witnesses to understand that we don't want to do anything to curtail you, but we are trying to preserve time as much as possible.

Dr. HUNTER. Thank you.

(Dr. Hunter's full statement follows:)

STATEMENT SUBMITTED BY DR. THOMAS H. HUNTER, REPRESENTING THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

I am Dr. Thomas H. Hunter, chancellor for medical affairs of the University of Virginia Medical School in Charlottesville, Va. I am here today in my capacity as chairman of the Committee on International Relations in Medical Education of the Association of American Medical Colleges. The AAMC represents the combined interests of the 88 American medical colleges, all of whom have a keen interest in the International Health Act of 1966.

We have carefully reviewed the bill under consideration today and find ourselves in full approval of its contents and intent. As you know, medical educators in the United States have played an active role in international health affairs for many decades. Their activities are summarized in a study carried out by the AAMC entitled "A World Program for Health Manpower," a copy of which I would like to submit to this committee for their consideration. The report was completed during the latter part of 1965 and was presented to the Agency for International Development which had requested the AAMC to carry out the study.

Since the beginning of this century, we have been involved in a wide variety of international activities designed to increase the world's supply of medical manpower. These activities have been supported by private foundations, by the U.S. Government, and by various international health agencies. Since 1951 AID has supported contracts involving 9 American universities in 10 different projects planned to strengthen medical institutions in developing countries. In addition, many individual faculty members have been associated with both short- and long-term assignments throughout the world. For the past several years, the AAMC has had a division of international medical education which was established to broaden the role of our medical colleges in this worldwide effort to improve the availability of skilled health personnel everywhere. Through the efforts of this division, a complete roster of American medical faculties was established to determine the availability of competent individuals to serve in international health activities in any of the medical disciplines, including those allied with but separate from the medical schools themselves. You will be interested to know that there are approximately 6,000 names on this roster, all full-time medical teachers who have expressed willingness to devote a significant amount of time to international health work with the majority willing to serve for 1 year or longer in projects where their skills will be of value.

The present bill thus represents a logical extension of our activities and interests. It provides a device for increasing the effectiveness of our participation in U.S. programs abroad. In the past, there has been relatively little opportunity to fully utilize the increased knowledge gained from overseas

service because there has been a very limited international career service and an inadequate mechanism for utilizing the vast experience gained through our global efforts. Almost all of the participation by members of our medical faculties has represented a departure from their domestic responsibilities to which they must return with the disadvantages of having been abroad while rapid progress continues at home. Many American universities have become increasingly concerned over their inability to take advantage of these unique opportunities to add to their own knowledge and to enrich the entire university through their international activities. On every university campus many students and faculty members have a sense of devotion to the problems of the world and a desire to help in the efforts to improve the well-being of their fellow men. Until now the opportunities to be of service have been restricted and there has been little reason to encourage their laudable interests.

Our contributions to developing countries have not been limited to service overseas. Even more significant has been the training of health personnel from other countries. At present there are over 13,000 foreigners, mostly from developing countries, studying in various health programs in the United States. Many of these are in the universities and their affiliated hospitals where foreign medical graduates are learning the arts and skills necessary to develop effective health programs in their own countries. We have felt handicapped in our own universities by the absence of curriculums which are designed specifically for the special needs of physicians from developing countries. We welcome the opportunity to provide an atmosphere better suited to their eventual needs.

We have become fully convinced that international medical problems are strikingly different from our own and require a level of understanding which cannot be satisfactorily obtained through existing programs of instruction. It has also become clear to us that international health problems require the ful attention of highly competent people who can work here and abroad with full support by our Government and the health professions both within and outside the universities. Programs which depend entirely upon brief service abroad by even the most competent experts have very limited value and are too often insufficient or even unsuccessful. It seems likely that in the future all American medical schools will add to their curriculums studies in international health and that some will have relatively large programs in what has heretofore been an occasional activity.

We are pleased with the support provided to improve our utilization of knowledge and skills through the presence in our universities of highly devoted individuals who have already become familiar with international health. If we are to train physicians and others for careers in international health, we must design a new concept of education which will draw on the total resources of the university. Although this will add new burdens to faculties which are already under great stress to meet growing responsibilities, we are willing to meet this important commitment. However, you will appreciate the fact that new responsibilities cannot be met without concern for other responsibilities we have for training, research, and service within the country. Every medical school, whether private or State supported, has long-term plans which require careful attention to the growing demands for expansion of faculty in the further development of existing programs and in response to expressed needs for the university to play a greater role in the provision of total health care to the community. Any diminution of support in other phases of their programs will have an inevitable deleterious effect on our ability to participate in the development of an international health corps.

We do believe that the American medical colleges and Public Health Service can establish an increasingly effective partnership in a better program for world health manpower. The International Health Act of 1966 is an important step toward strengthening that partnership. It has our full support and our pledge of full cooperation.

Dr. HUNTER. I think perhaps, sir, it would be useful to identify myself a little bit further as well as the organization I am representing.

I am chancellor for medical affairs at the University of Virginia in Charlottesville. I have had a deep interest in international aspects of medicine for many years, starting with part of my own education in England in medicine before transferring to medical school in this

country. Later on, at the beginning of World War II, I was sent to Latin America to learn something about tropical medicine at the time when we suddenly found ourselves involved in the South Pacific with diseases and problems that we were not equipped to face. A crash program was instituted at that time in which I took part, taking a course in tropical medicine and military medicine at Walter Reed followed by 6 weeks' field experience in Central America.

Then, in 1960 after going through the various steps to becoming a dean of a medical school I became president of the Association of American Medical Colleges, which I am representing today.

I felt as president that one of the things I wished to stress were the opportunities that existed, it seemed to me, for exerting much more influence on a world scale in the field of health and medicine than we were doing at that time.

At the annual meeting of the association all of the deans of Latin American medical schools were invited in the interest of establishing better relationships with them. Some 35 deans came to that meeting.

Following this, the Association of American Medical Colleges, which is the organization of medical schools in this country, comprising some 88 medical schools now as you know, established an international division and I have here with me Dr. Van Zile Hyde, who is the executive director of that division of the association, and Dr. Harold Margulies, who is the associate director.

Both of these gentlemen have had extensive experience in the foreign field. Following this I had the opportunity to spend 1 year of sabbatical in South America in Colombia working for the Rockefeller Foundation as a visiting professor of medicine in the Universidad del Valle, a new medical school in Cali, Colombia, and had the opportunity to experience at first hand some of the things I had been interested in and talking about before.

I felt that, having talked so much, I should find out for myself what was involved. All of these things have led me to feel all the more strongly that it is not only for humanitarian reasons, which I give great emphasis to—I think the people of the United States are humanitarian and that their genuine humanitarian interest needs to be expressed—but, I believe also from the point of view of enlightened self-interest that it is highly important for us, no matter what the domestic pressures upon us (and I agree with all of you that these exist), no matter what domestic pressures we feel, a certain proportion of our effort must be devoted to our contribution to world problems and especially in the field of health in which I am interested.

I believe that the very survival of the race depends almost above anything else on helping the developing nations to enter the 20th century with us; that contributions of health to this are inescapable, inextricably mixed up with the population problem, and with economic and social development in these countries.

For these reasons I am delighted to be here representing medical education, medical schools in this country, in support of this legislation which I think is an important step in the right direction.

I must register one slight reservation and it has to do with the other pressures on the medical schools to which you have already referred.

The Secretary yesterday used a very apt simile. He said that this program did not require new construction, as you remember, but that

it could ride on the back of other programs. I believe that was the phrase he used, and that is what is envisioned here.

This is fine so long as the back is a strong back and I am expressing the sentiments, I believe, of most of the deans of medical schools in this country in being firmly behind this legislation, provided that the other commitments to strengthen medical schools in this country are carried forward and that, in the efforts underway to attack the manpower problem which is at the heart of all of these programs, that other measures are not jeopardized in expanding our efforts in any field.

So, with the reservation that the medical schools need all the support that has been envisioned for them in order to carry out the multiplicity of new demands upon them, this international effort has a priority of its own and deserves our attention no matter what the other pressures are, and I do feel that the numbers of people involved here will not be a substantial drain on the medical manpower of this country.

You must remember that already we are in negative balance, if you will, with 2,000 foreign physicians being licensed in this country every year and contributing to our own domestic services, and we are, as you know, training many others who do go back.

So, I feel that this program is very important, that the training of these high-level people for the Career Corps in the Public Health Service is of central and catalytic importance in that these people can be assigned to the World Health Organization in much greater numbers than they have in the past and strengthen that body which I agree with you, Mr. Rogers, is of great importance in this whole field.

There are some other activities of the Association of American Medical Colleges, that I should like to mention very briefly, which I think are directly pertinent to your understanding of the setting of this legislation.

One is a document I am holding in my hand and of which I unfortunately do not have copies sufficient to distribute at the moment, entitled "A World Program for Health Manpower."

This is a report of the Association of American Medical Colleges to the Director of AID, Mr. David Bell, prepared after a study which the association undertook a year and a half ago with extensive deliberations on this central problem, with recommendations to Mr. Bell as to the efforts in the field of medical education which AID might make.

The central theme of this is that we cannot possibly provide the health manpower for the whole world. That is clear. We can't train them all here. We can't send our own people all over the world, and the main thrust of our effort, therefore, must be in helping with the development of institutions in the developing countries themselves to train, on the spot, their own manpower of the type that they need.

In essence that is the theme behind this report, which I think is a very carefully considered statement. I believe that the program we are considering here fits in very nicely with this, that the high-level people envisioned for the corps of the Public Health Service are central to the staffing of key spots in our own services in the World Health Organization, the Pan American Health Organization, and so on, in order to make the implementation of this sort of thing possible.

There are many other things that I might say, Mr. Chairman. I am obviously enthusiastic about this and I hope very much that you will see fit to recommend this legislation.

I will now be glad to entertain any questions. I don't propose to be able to answer them all, but I shall do my best.

Mr. Moss (presiding). Mr. Rogers.

Mr. ROGERS of Florida. Thank you, Doctor, for your statement.

I quickly scanned your prepared statement and I would share your feeling that, of course, we can't ignore world health. We must participate in it. We have tried to do that I think fairly well in this country.

I think you say in your statement we are now training some 13,000 foreign nationals in the health field in this country presently. Some 2,000 are licensed—2,000 foreign physicians.

Dr. HUNTER. Per year.

Mr. ROGERS of Florida. Per year?

Dr. HUNTER. Yes.

Mr. ROGERS of Florida. And many more are practicing that are not yet licensed.

Dr. HUNTER. In residencies.

Mr. ROGERS of Florida. In residency capacity, which has caused a concern in my own feeling. What are your feelings on that?

Dr. HUNTER. I think this is shocking, frankly. I think for this great Nation to be a debtor nation in a field such as this is shocking. There is no easy solution to it. I believe, on the other hand, that it bears very definitely on all of our plans for expanding our own facilities for health education and that we constantly are faced by this added deficit when we look at the needs in our own country, and I believe that we should go much farther than we have.

I must, sir, register deep concern about some of the cuts that I see in the President's budget that are going to hamper our effort in expending the development of new medical schools now underway in this country and the expansion of existing schools.

Mr. ROGERS of Florida. This causes me concern when we are presented with new programs and having difficulty, perhaps, fulfilling existing programs for our own country.

Dr. HUNTER. I share your concern, sir, but I must say that, in the balance, I feel no matter what our domestic situation, and it isn't that desperate in the spectrum of the whole world, we have an overriding obligation to do more than we have been doing in the field of international health, not that we haven't been doing a great deal in some ways, but the need is immense on a world scale and pressing beyond belief and I truly believe that the stability of the world to come depends on this facet of the total developmental scheme and that we must contribute to that.

Mr. ROGERS of Florida. I understand that and we have been contributing to the World Health Organization, Pan American, AID, Peace Corps.

Dr. HUNTER. But on the manpower side we have not been contributing much.

Mr. ROGERS of Florida. About 250 I guess.

Dr. HUNTER. No, to the World Health Organization, only a handful.

Mr. ROGERS of Florida. But I think we have about 250 working overseas.

Dr. HUNTER. Yes.

Mr. ROGERS of Florida. And these are of the Public Health Service?

Dr. HUNTER. Right.

Mr. ROGERS of Florida. Let me ask you this: Do you have a school of international health in your medical college?

Dr. HUNTER. No, we do not.

Mr. ROGERS of Florida. Would you establish one?

Dr. HUNTER. I would like very much to, sir. I don't know whether it will be possible or not. I would not envision a school of international health. I am glad you raised that question and I would like to say a word about what I think medical schools might do.

Schools of public health have been extremely active in this field, as you know, and Dr. Stebbins has made a superb statement. I would subscribe to everything he has said and he is much more knowledgeable in this field than I am, having been involved in schools of public health.

I am an example of the deficit that exists in the medical schools. We do not have the same kind of emphasis in medical schools on education in these matters. We need a great deal more of it. I would hope that one very good feature of this legislation would be the stimulus it would provide to medical schools to develop programs relating to this sort of training and that the Department of Preventive Medicine, for example, might be encouraged to establish an international division to build up their exchanges with selected foreign schools, and so on, on a more active basis.

Mr. ROGERS of Florida. Do you envision that these people we are talking about now would be trained in any medical schools?

Dr. HUNTER. I think there is room for a rather wide spectrum of training. After all, we are talking about people all the way from medical assistants and nurses and technicians of various sorts up to the advanced type of consultant referred to by Dr. Stebbins, which is the initial thrust.

Mr. ROGERS of Florida. Dr. Stebbins said that this was going to be pretty much confined to consultants?

Dr. HUNTER. Right; this specific program.

Whenever a specific program designed to produce personnel of this sort is instituted there are always effects that fan out from it.

Mr. ROGERS of Florida. Yes; I understand.

Let me just ask you this if I may and I will keep my questions short so we can do it in a yes-or-no sort of way because I don't want to impose on the time of the committee any more than I have.

Since you represent the Association of American Colleges, the Committee on International Medical Education, how many of the medical colleges actually train for Public Health Service?

Dr. HUNTER. There is no specific training in a medical college for the Public Health Service.

Mr. ROGERS of Florida. We have specific colleges for that, do we not?

Dr. HUNTER. No; the Public Health Service takes on its staff many M.D.'s, you see.

Mr. ROGERS of Florida. I realize that. I am talking about specializing in public health.

Dr. HUNTER. There are two medical schools that I am familiar with that have essentially schools of public health within the framework of the medical school. Tulane has already been mentioned. That is, the

school of public health is part of it there, but there are only two that have specific programs that I am familiar with.

Is that right, Dr. Van Zile Hyde?

Dr. VAN ZILE HYDE. Yale.

Dr. HUNTER. Yale and Tulane and Minnesota, three.

Mr. ROGERS of Florida. How would the other schools handle this situation?

Dr. HUNTER. I think within departments of preventive medicine primarily in medical schools, affiliated, of course, with other parts of the university. We have talked about the great importance of demography, and population, and so on.

Mr. ROGERS of Florida. You feel there would be no basic problem getting staff?

Dr. HUNTER. I think the Department of Preventive Medicine will have to develop this kind of capability.

Mr. ROGERS of Florida. Would you anticipate that the University of Virginia would do this?

Dr. HUNTER. I would anticipate trying very hard to establish a division of international health within our Department of Preventive Medicine.

Mr. ROGERS of Florida. If we cannot get the other colleges to do this and we have only the three that are giving the training, how is this going to work out for the program?

Dr. HUNTER. I think it is going to be rather slow in starting. In my judgment it would only be a few schools initially, but I would hope very much that there would be a stimulus from this legislation to other schools to develop this capacity.

Mr. ROGERS of Florida. I am concerned mainly about our manpower, as in our own State. I read a report that you are critically short 2,600 nurses. I think you had a study made in your State recently. So this begins to build in proportion that causes me concern.

Thank you very much, Doctor.

Thank you, Mr. Chairman.

Mr. Moss. Mr. Devine?

Mr. DEVINE. Dr. Hunter, are you aware of the speech made by Francis Keppel the night before last in connection with this overall problem?

Dr. HUNTER. No, sir; I am not.

Mr. DEVINE. He is quoted as saying among other things that Americans must admit that we have slipped behind the best of which we are capable in the health field. He says there are indicators that we are not doing our best. He says this specifically:

> To lick the problem in the next 10 years the United States will need to develop an average of 10,000 new jobs a month for a decade in the medical and health fields. This would include such categories as physicians, dentists, nurses, technicians, in various professional fields and medical electronics.

This is 10,000 per month for the next decade. Are you more interested in international humanity than taking care of our domestic problems in this area?

Dr. HUNTER. I certainly am not; I certainly am not. I think they are inextricably mixed up.

Mr. DEVINE. Who is mixed up?

Dr. HUNTER. That they are intertwined. I used the wrong word.

I think that if one takes the long view of the welfare of the American public, which I do as my prime concern, one facet of this inescapably is a proper contribution to the solution of world problems and I think that one of these is our making a reasonable contribution to the development of the developing countries.

I think that if we try to take care of our own problems and close out the rest of the world we shall ultimately end up in a holocaust. I truly believe this and I think that health is a very important part of this whole business.

Mr. DEVINE. I think very few of us would disagree with you that the need does exist, particularly in countries like India and places of that nature, but we then get to the very meaty practical question of whether or not we, the great United States, are in a position to pick up a check for the world.

Dr. HUNTER. We can't do the whole thing. I would agree heartily on that; hence, the importance of selecting the areas in which we can put in some effective licks.

Mr. DEVINE. That is right.

Dr. HUNTER. And that is exactly what this program is designed to do as far as I am concerned.

Mr. DEVINE. It is just a question of where the line can be drawn.

Dr. HUNTER. Yes; I agree completely.

Mr. DEVINE. Thank you.

Mr. MOSS. Mr. Keith?

Mr. KEITH. No questions.

Mr. MOSS. Mr. Broyhill?

Mr. BROYHILL. No questions.

Mr. MOSS. Dr. Carter?

Mr. CARTER. If through the establishment of this program we could help in guiding some of our underdeveloped nations to control their population explosion, don't you think it would be a great help to our country and to the world?

Dr. HUNTER. I do indeed, sir. I think this is a critical problem, and manpower sophisticated in this methodology is something that we must do our very best to foster. It is an important facet of this program.

Mr. CARTER. Yes, sir. Don't you think that more help in South Vietnam through this agency or through the appropriate health service would do much to establish a better rapport with the Vietnamese people?

Dr. HUNTER. I have no expertise on Vietnam, but speaking in general I would agree entirely with your statement.

Mr. CARTER. The cost of $10 million for the first year is relatively small considering the many other programs that we have in our country at the present time, don't you think?

Dr. HUNTER. I believe so, sir, and that is precisely what I meant when I said on the balance I do not believe that this is out of line with the question raised by Mr. Devine.

Mr. CARTER. Thank you so much, Doctor.

Mr. MOSS. Mr. Satterfield?

Mr. SATTERFIELD. Mr. Chairman, I just want to take this opportunity to welcome Dr. Hunter here representing the University of Virginia.

Dr. HUNTER. Thank you. I was called on such short notice that I had no time to get in touch with you. I apologize.

Mr. SATTERFIELD. That is perfectly all right. I am glad to see you and I want to congratulate you for your forthright and frank statement here this morning.

Dr. HUNTER. Thank you.

Mr. SATTERFIELD. That is all I have, Mr. Chairman.

Mr. MOSS. Mr. Watson.

Mr. WATSON. Mr. Chairman, just one or two questions.

Doctor, I apologize for not being here for most of your testimony, but I have scanned through your written statement.

Dr. HUNTER. I am afraid my testimony as given here bore no relation to what was on the written sheet.

Mr. WATSON. I was quite impressed with the written portion of it, anyway. I am concerned, as is everybody, with the health of the peoples of the world.

You say that we have 13,000 foreigners presently being trained in Public Health Service in this country?

Dr. HUNTER. No, not in the Public Health Service. This is in training in internships, and residencies, and so on, in the medical field. That is quite apart.

Mr. WATSON. What percentage of that 13,000 would be in training for Public Health Service?

Dr. HUNTER. Oh, very small, very small indeed; an almost insignificant proportion. These are mostly physicians getting graduate training and internships and residencies, the vast majority.

Mr. WATSON. Since you say the percentage interested in public health is practically nonexistent, then we could conclude that of these 13,000 foreigners training here there was little interest demonstrated in public health?

Dr. HUNTER. I should modify this statement by saying that our schools of public health have about 30 percent of their student body from abroad and, while this is a small proportion of that total figure, nevertheless, it is a very significant contribution to the very issue you raised yesterday, which I agree with: the question of bringing people here for training rather than trying to train our own people to go out.

Could I say a word to that?

Mr. WATSON. I was wondering whether or not they could do the job better and more economically.

Dr. HUNTER. I heard your question yesterday and listened with great interest to the exchange and I would like to say that I believe your point is very well taken, that we need to do a great deal of this, as much as we possibly can, as we already are, but that the other facet is also meaningful.

I believe that we must help them to develop their own schools in the countries we are discussing. I think this is a very prime concern. We can't possibly bring all of the people to this country nor send all of ours out to handle the problem.

Ultimately the solution to the health manpower problem for the world is going to depend mostly on the development of local facilities for training in the countries in question.

Now, how does one go about fostering this? It is a complicated thing. I think we have to bring people here, train them to go back

and staff schools in their own countries. We have to have a certain number of our own people out there helping, a limited number, in key positions.

We need staff of the Public Health Service who are assigned to the various other agencies all around the world who know what the score is and they have to be trained here in order to implement the other programs in which you and I are interested.

This kind of person is needed.

Mr. WATSON. I am sure.

Dr. HUNTER. Very badly.

Mr. WATSON. I agree with you, Doctor.

Another question. Are these 13,000 foreigners all being trained to return to their native countries, or what has been your experience as to a number of them remaining in the United States?

Dr. HUNTER. This, of course, is one of the very serious problems and as of the present time approximately 2,000 per year are staying in this country. India alone, I believe, is exporting every year the total output of the equivalent of seven of their medical schools who are going abroad, and a good many coming to this country.

Mr. WATSON. Doctor, would it not be advisable then that we place some stipulations on this: "If you are coming over here to train then you must return to your native country?"

Now, actually through this program we are contributing to the health problem or the medical problem in the other countries of the world. We shouldn't be the only one concerned about the health of the emerging nations. We bring people over here and they are not concerned about the health problems of their own people. Apparently they are interested in setting up a lucrative practice here in the United States and not returning to their people.

I think we are contributing to the aggravation of the problem.

Dr. HUNTER. I agree with you and I said earlier in my testimony that I think it is shocking that we are at the moment importing 2,000 physicians from other countries every year for our own needs.

I don't propose that I know how to solve this. It is not that easy. You can't just say "Go home," or "Don't come if you don't intend to go home." This has to do with immigration regulations which I frankly don't understand.

Mr. WATSON. Doctor, do you feel we are making much headway today in combating this health problem throughout the world?

Dr. HUNTER. Oh, yes; indeed I do.

Mr. WATSON. We are?

Dr. HUNTER. I certainly do, but I think we can make much more headway if we mobilize ourselves.

Mr. WATSON. Purely through the passage of this measure?

Dr. HUNTER. I think this is a very important step in the right direction. I don't think it is going to solve all of the problems.

Mr. WATSON. We are training 13,000 foreigners. We are now contributing one-third to the World Health Organization and the Pan American Health Organization.

Dr. HUNTER. Not in personnel.

Mr. WATSON. No, sir; but in money, and it takes money in order to get the personnel. We are contributing some 234 health officers throughout the world, but yet you believe that the passage of this

bill, which will not train any additional foreign personnel, but just a $10 million program a year to train American personnel, really would have all of that impact?

Dr. HUNTER. I think it would have a very important central impact in providing key people to implement the other programs which are absolutely essential for the AID program that I am talking about here in this pamphlet.

Without the support of this kind of staff in our own Public Health Service that kind of larger program of training people back and forth can't go forward properly.

Mr. WATSON. Thank you.

Dr. HUNTER. I believe this is important.

Mr. WATSON. Thank you.

Mr. Moss. Doctor, I want to thank you for an excellent statement. I share your feeling of shock to learn that we are a debtor nation in this field of medicine and if we talk here of a temporary loan of manpower, an export of know-how, an assumption of leadership, that we are still talking of only about 10 percent of our annual net gain from the rest of the world through the retention of their nationals as part of our medical community.

I think this is a very significant fact which should be carefully considered by this committee as it pursues the legislation further. I want to thank you for your appearance before the committee.

Dr. HUNTER. Thank you, sir.

Mr. Moss. Our next witness will be Dr. Gordon Heath, professor of optometry, University of Indiana.

Dr. Heath.

STATEMENT OF DR. GORDON HEATH, PROFESSOR OF OPTOMETRY, INDIANA UNIVERSITY; ACCOMPANIED BY WILLIAM P. McCRACKEN, JR., WASHINGTON COUNSEL, AMERICAN OPTOMETRIC ASSOCIATION

Dr. HEATH. Mr. Chairman, members of the committee, I have submitted a written statement and in the interest of time I think I will simply offer a few supplementary comments in summary and then answer any questions that may be asked.

Mr. Moss. Fine, Doctor. Would you like to have your written statement incorporated in the record at this point?

Dr. HEATH. Yes, sir.

Mr. Moss. If there is no objection that will be done.

You may proceed.

(Dr. Heath's full statement follows:)

STATEMENT OF THE AMERICAN OPTOMETRIC ASSOCIATION PRESENTED BY DR. GORDON G. HEATH, O.D., PH. D.

Mr. Chairman and members of the committee, I am Dr. Gordon G. Heath, optometrist, professor of optometry at Indiana University, and chairman of the graduate school program in physiological optics. I am also immediate past president of the Association of Schools & Colleges of Optometry, an association of all the institutions accredited by the Council on Optometric Education.

I serve on two committees of the American Optometric Association, and am here today as a representative of that organization. The committees I serve on are the committee on visual problems of children and youth and the committee

for new academic facilities. The latter committee being concerned with the much-needed establishment of additional optometric educational facilities in the United States.

The bill under consideration offers assistance in the development and improvement of health services throughout the world. One of those services, desperately needed but sadly inadequate or unavailable in many countries, is vision care. As education has advanced around the globe, as literacy rates have increased, as modern technology has brought its benefits to mankind, so has the need for good vision become a pressing one among peoples of the underdeveloped nations.

This is illustrated in a letter written in 1960 by Optometrist S. M. Dadoe of Accra, Ghana. He stated: "A little over 10 years ago Ghana had no qualified optometrists, and spectacles were sold by Syrian merchants. With the advancement of education more and more people are using their eyes more, and older people who, in the good old days, had no need for glasses, now need them to read their school books, because the mass education unit for adults has turned out, and is still turning out, a lot of literate old men and women."

The optometric profession in this country has recognized the international need for vision services. Through its organizations and through the direct efforts of many individual optometrists it has attempted to provide some of the assistance requested by agencies, groups, and individuals of other countries. For the most part, these efforts have been frustrated because of insufficient funds and limited personnel. There are inadequate or ineffective organizations of optometrists in many countries. Governmental restrictions, and, most especially, the lack of optometric educational facilities impede our efforts to serve when requested. The committee on international affairs of the American Optometric Association has an extensive file of correspondence with persons and groups who have requested aid in foreign countries. The committee is providing information and advice to the limit of its capabilities.

The American Optometric Association and the American Academy of Optometry are both members of the International Optical League, which is a member of the Union of International Associations, and has exerted effort to advance optometric and optical education throughout the world. Recently, the Association of Schools and Colleges of Optometry surveyed all of the optometric educational institutions in the world and is compiling a summary list of the courses and requirements of those institutions.

The Association of Schools and Colleges of Optometry has, on request, provided library materials to many institutions in other nations. The American Academy of Optometry has extended its membership privileges to optometrists in other countries. Through its journal, it provides them with an increased awareness of the current developments in optometric and visual science.

Too few optometrists, however, have the means to visit foreign countries and serve as the consultants and advisers in providing the courses of instruction or the educational materials which have been requested of us.

Wherever in the world vision care exists you will find optometrists providing such services. They are often designated by other names such as ophthalmic optician or augenoptiker. But, whatever they are called, they are in drastically short supply and in many nations completely nonexistent.

International surveys show the great need for additional optometric facilities in most countries. For example, from Lebanon through the Middle East and the Far East, with the single exception of the Philippines, there are probably less than 100 fully qualified optometrists in the entire area. By fully qualified optometrists I mean those who have taken a formal course offered by a recognized optometric educational institution.

In the Philippines, as a contrast, there are five schools of optometry. In Japan there are no schools of optometry, but in the last few years there have been intensive efforts on the part of a Japanese association to establish a school at one of the Japanese universities. This group has developed an extensive and commendable self-education program. It has been in correspondence and sent visitors to optometric institutions in this country attempting to obtain the help it needs in establishing a formalized course of instruction.

On other continents such as Africa, for example, in Basutoland the vision care of the entire country is supplied by one general variety store owner who advertises himself as a pharmacist and chemist, as well as an optometrist. In Liberia there does not appear to be any kind of optometric service in the major city of Monrovia except that provided to a few of the workers in the rubber plants.

Many countries are making efforts to develop optometric institutions. The Spanish Government has authorized the establishment of a school of optometry at the University of Madrid. Recently, the Indian Government asked for our assistance when they authorized the establishment of six schools of optometry at state universities.

In New Zealand, the University of Aukland recently established a school of optometry. New Zealand received our help. Its school is headed by an American-trained optometric educator, Dr. Ted Grosvenor. A school of optometry is in the process of being established in Italy.

In Western Europe there are approximately 20 schools related to optometry. Most of them are now changing from what was essentially technical or craft schools and colleges. They are asking for American guidance and assistance.

As a result of an international meeting held 2 years ago, the representative of European schools manifested great interest in American optometric education. As an outgrowth of that meeting, we are now attempting a seminar of optometric educators at Salzburg, Austria, as a part of the Salzburg seminars in American studies.

The only latin speaking nation with a school of optometry was University of Havana. It was closed when Fidel Castro became dictator of Cuba. During the last 2 years, three American universities; Pacific University, the Optometric Center of New York City, and Indiana University, have provided special courses for displaced Cuban optometrists to bring their education qualifications up to those of American graduates, and to qualify them for State licensure in the United States. We hope some of them may form the nucleus for optometric faculty in Latin American nations.

We have had requests from optometrists in Colombia, Venezuela, Peru, Chile, and other Latin American countries, who are anxious to create schools of optometry or optometric educational facilities. In many of these countries, there are U.S.-trained optometrists who could follow through in maintaining educational facilities after receiving our initial help.

A program of special importance to me has been our graduate program at Inidana University, which trains individuals for careers in optometric education and vision research. As another part of our effort, we provide training facilities for foreign optometrists who return to their countries and teach in existing optometry schools or start new optometric educational programs. In the last 8 years, we have had graduate students from Australia, England, Canada, Kenya, Ghana, Tanzania, the Philippines, France, Malysia, Denmark, and Thailand. We believe, that in this manner, we have been aiding the advancement of optometric education on an international scale much more than would be possible by training individuals who would only maintain private optometric practices in their homelands.

An important program which we suggest might be supported under this proposed act would be the training of foreign optometric educators who would return to their homes and institute the much-needed educational programs they need to elevate the level of vision care in their home countries.

Under this act, we also hope that we can respond to the many countries who have requested direct, on-the-spot consultations, services or advice in establishing schools of optometry. And so, the provisions in the bill for funds for qualified advisors to travel to those countries would be of great value.

In the President's February 2 message to Congress concerning the International Health Act of 1966 he stated that "the struggle for better health is crippled by severe shortages not only of physicians but of all health workers" and that "we must work for the day when each country will be able to train in its own institutions the health workers it needs." The President, recognizing that this goal was not possible right now said, "Meanwhile, we must assist in relieving critical manpower needs now."

Speaking for the American Optometric Association, I offer our services to assist in this humanitarian project.

Mr. Chairman, I appreciate greatly this opportunity to appear before you and members of your committee. If there are any questions I will be pleased to endeavor to answer them.

Dr. HEATH. I have with me this morning also Mr. William McCracken, Jr., the Washington Counsel for the American Optometric Association, the organization I am here as a representative of this morning.

Mr. Moss. We welcome you also, sir.

Mr. McCracken. Thank you.

Dr. Heath. To identify myself and the special interest I have in this legislation, I am a professor of optometry at Indiana University and chairman of the graduate program in Physiological Optics at that school.

I have also served as the president of the Association of Schools and Colleges of Optometry which is the organization of all such institutions in this country.

I serve at present on the Committee for New Academic Facilities for the American Optometric Association.

We are concerned there, of course, with the establishment of training institutions to meet the great domestic needs that we have at the present time.

In the developing nations, vision, of course, has become a pressing need. For good vision, the provision of visual care has become a really desperately needed service in countries around the world.

The American Optometric Association and the other institutions in this country have been made very much aware of this need through requests, through correspondence, through inquiries from individuals and organizations in other countries asking for help in providing these services. For the most part, these requests take the form of pleas for assistance in establishing regulatory legislation or in establishing educational programs in those countries. With our limited funds and our limited personnel we have been providing the assistance and answering these requests to the best of our ability.

We have, at the Indiana University, in the program that I am particularly associated with, been carrying out our own international aid program through training of foreign optometrists in the graduate program.

They get advanced degrees and additional training in our program and for the most part return to their own countries to establish educational programs there. It is through a program of this sort that I feel the most economical use of manpower can be made in expanding and providing vision care services to so many countries.

There are efforts being made by governments of other nations as well to provide such training facilities within their own confines. The Philippines represent one remarkable example. That small country has no less than five optometry schools and is providing very well for its own population and the population of neighboring countries in the Pacific.

However, in the entire Middle East, Far East, and Pacific countries there are probably at the present time, with the exception of the Philippines, no more than about a hundred qualified optometrists to provide vision care for all of those peoples. The remaining vision care, such as it is, is being provided by apprentice-trained opticians or by those with no previous training, simply merchants selling spectacles for the most part.

In Japan, a very intense effort has been made in recent years to establish suitable training facilities. Mr. Fumio Morry, the president of the chief association of optometrists and opticians within Japan, has made several trips to this country to seek advice and assistance and is at the moment, out of his own pocket, paying the expenses of two students at the University of California who will return to Japan

to become faculty members of the school which he is attempting to start there.

I could cite endless examples from other countries around the globe where efforts similar to these or on an even more elementary scale are being attempted. At the present time our finances and our personnel are so limited that most of the efforts to provide on-the-spot consultation, or to provide faculty members in such institutions on a visiting basis or even in an advisory capacity, have been far from meeting the need, and so, Mr. Chairman, we hope that within the structure of this proposed legislation at least a sizable part of the preliminary efforts toward supplying such aid can be made.

The American Optometric Association supports this bill and offers its full cooperation and, as a member of the American Academy of Optometry and of the Association of Schools and Colleges of Optometry, I can also assure you of the cooperation of those organizations in this legislation.

Mr. Chairman, I thank you for the opportunity to say these few words and, if there are any questions, I will certainly attempt to answer them.

Mr. Moss. Thank you, Doctor.

Mr. Rogers.

Mr. ROGERS of Florida. What is your general feeling about the schools of optometry presently being able to turn out sufficient optometrists to serve the American public?

Dr. HEATH. As I think you are surely aware, Mr. Rogers, our needs have been very desperate and the assistance provided through the Health Professions Education Assistance Act has been most welcome and is being used now to expand our training facilities.

This is, to my mind, the crux of the situation for us in providing assistance in international health. We cannot hope to train a sufficient number of optometrists here to go into practice in those foreign countries to provide the vision care that is needed, but we can, especially within our graduate training programs, offer the assistance to train educators, optometric educators, to go back to those countries and staff the schools that are so desperately needed all around the world.

Mr. ROGERS of Florida. I would think that this might be a better approach all around for all of the schools.

Thank you.

Mr. Moss. Mr. Devine?

Mr. DEVINE. No questions, Mr. Chairman.

Mr. Moss. Mr. Keith?

Mr. KEITH. No questions.

Mr. Moss. Mr. Satterfield?

Mr. SATTERFIELD. No questions, Mr. Chairman.

Mr. Moss. Mr. Broyhill?

Mr. BROYHILL. No questions.

Mr. Moss. Doctor, I want to thank you for your statement. We appreciate your appearance here.

Dr. HEATH. Thank you, Mr. Chairman.

Mr. Moss. Our next witness will be Dr. I. Lawrence Kerr, Endicott, N.Y., a member of the Council on Legislation of the American Dental Association.

Dr. Kerr.

STATEMENT OF DR. I. LAWRENCE KERR, MEMBER OF THE COUNCIL ON LEGISLATION OF THE AMERICAN DENTAL ASSOCIATION, REPRESENTING THE AMERICAN DENTAL ASSOCIATION AND THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS

Dr. KERR. Mr. Chairman, I personally am appreciative of the opportunity along with the extension of the appreciation of the American Dental Association and the American Association of Dental Schools to testify before this committee on this bill.

I would like to submit to the committee an expanded version of some remarks that I will make in the reading this morning, if I may do that, sir.

Mr. Moss. Those will be incorporated in the record.

Dr. KERR. And, we will confine our remarks to a very limited amount of time.

Mr. Moss. Thank you.

(Dr. Kerr's full statement follows:)

STATEMENT OF THE AMERICAN DENTAL ASSOCIATION AND THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS, PRESENTED BY DR. I. LAWRENCE KERR, MEMBER OF THE COUNCIL ON LEGISLATION OF THE AMERICAN DENTAL ASSOCIATION

Mr. Chairman and members of the committee, I am Dr. I Lawrence Kerr of Endicott, N.Y., where I am in private practice as an oral surgeon. I am a member of the Council on Legislation of the American Dental Association. I am accompanied by Mr. Hal M. Christensen, director of the Washington office of the American Dental Association. I have been asked by the Secretary of the American Association of Dental Schools to speak for that association also. Both associations are in agreement that H.R. 12453, the President's International Health Act of 1966, can contribute to existing Federal Government and private international health and health training activities.

H.R. 12453 would strengthen health services in foreign lands by sending specially trained American health workers to those countries striving to develop improved health services for their people. The special training of personnel for international health services would be accomplished through (1) Federal grants to schools of health to finance programs designed to train students for international health work, (2) authority for the Public Health Service to appoint members of the health professions to the Regular or Reserve Corps for assignment as trainees (associates in international health) for health work in a foreign country to special advanced training fellowships at schools of health and to make such advanced training available to commissioned PHS officers also, and (4) authority to appoint to the Public Health Service Regular or Reserve Corps members of the health professions for assignment to other Federal executive agencies or certain international organizations for duties related to health work in foreign countries or for assignment directly to a foreign country at the request of the Department of State.

The term "school of health" is defined to include dental schools. The grant program to schools of health would be for 5 years with authority to appropriate $10 million in fiscal 1967 and "such sums as may be necessary" for each of the next 4 fiscal years.

DENTISTRY'S RELATION TO INTERNATIONAL HEALTH ORGANIZATION

The dental profession and the dental schools are engaged in several international health activities. Most of this effort is a joint one with the Federation Dentaire Internationale, a worldwide organization of national and regional dental associations. The American Dental Association is one of the principal contributors to FDI and, because of its superior sources, has provided the leadership for many projects in international dentistry. One such activity was sponsorship of a "Conference on Public Dental Health: Worldwide," held in San Francisco in November 1964 in conjunction with the annual sessions of the American Dental Association and Federation of Dentaire Internationale. Highlights of the conference were reports from southeast Asia and the western

Pacific regions, Africa and the eastern Mediterranean regions, and from the Latin American nations.

America's dental profession and dental schools also maintain active liaison with the World Health Organization, the World Medical Association, the Pan American Health Organization, the Agency for International Development, the Institute of International Education, HOPE, MEDICO, and several private foundations concerned with international health. A noteworthy effort was recently initiated with the Inter-American Association of Sanitary Engineering to advance community fluoridation projects in the Latin American countries. There is, of course, a close relationship also with those agencies of the Public Health Service engaged in international activities.

EMPHASIS ON TRAINING NATIVE PERSONNEL TO PROVIDE HEALTH SERVICES

In 1947, this committee conducted extensive hearings to assess the benefits flowing from international health activities of U.S. agencies, both Federal and private. In its report, the committee made the following comments:

"The greatest obstacle to the development and expansion of health programs in other countries is the lack of professional personnel * * * . Most of the underdeveloped countries neither have such personnel now nor have the facilities for training them * * * . From the long-range viewpoint, it is most practical and economical to help countries develop their own national and regional training centers for most of the health personnel they need rather than have them depend indefinitely upon training facilities of the United States and Europe * * * ."[1]

The committee report goes on to describe several successful examples of U.S. efforts in creating or expanding regional and national health training centers, notably in Lebanon, Pakistan, Egypt, the Philippines and, to a lesser extent, Thailand and Colombia.

Unquestionably the key component of any plan to bring health services to those in the underdeveloped lands must be enlargement of native facilities for training competent native professions. The fact that our supply of health manpower is faced with an immense task of keeping up with domestic needs lends impetus to this point. Since the 1957 report of this committee, we understand that progress in constructing and staffing native facities has been most heartening.

Training competent personnel from the underdeveped nations in U.S. schools can also do much to expand health services in those lands. The 1957 report of this committee noted that: "About 1,000 health trainees are in the United States in any given year: 800 on grants from the International Cooperation Administrtaion and 200 on World Health Organization fellowships."

INTERNATIONAL ACTIVITIES OF THE DENTAL SCHOOLS

For many years, the dental schools of the United States have been engaged in both student and faculty interchange with other countries throughout the world. By and large, these interchange activities have been sporadic and informal, mostly because there has not been adequate and consistent financial assistance available to support the establishment of a regular, continuing program. About 3 years ago, the American Association of Dental Schools made a survey of the dental schools in the United States to determine, among other things, the extent to which these schools were involved in teacher and student exchange programs. It was apparent at that time that relatively few institutions were actually engaged in some form of interchange activity in dental education or dental teaching, but nearly one-half of the dental schools in the United States indicated an interest in developing such programs if sources of financial support could be found. The following quotation from the 1963 report of the American Association of Dental schools is presented to illustrate the attitude which exists among the dental schools of this country:

"There was considerable agreement of opinion on the obligation of American dental schools to provide education at the graduate and postgraduate level for foreign dental graduates which would permit them to return to their native countries with increased capabilities to teach or to perform dental research. The chief barrier to these education services seemed to be finance."

Since its 1963 survey, the American Association of Dental Schools has continued its search for methods of strengthening international educational exchange

[1] H. Rept. 474, 85th Cong., 1st sess.

activities in dentistry. Following 2 years of study, the House of Delegates of the American Association of Dental Schools adopted a "Statement of Principles Regarding the Acceptance of Dental Graduates from other Countries" which states that "insofar as teaching resources, university policies, and governmental regulations will permit, the dental schools of the United States and Canada will extend their educational and research programs to members of the dental profession throughout the world, under the provisions outlined in this statement."

In 1964, the American Dental Association, the American Association of Dental Schools, and Federation Dentaire Internationale combined their common interests in the development of an expanded international educational interchange program and established an ad hoc committee charged with the responsibility of developing principles and guidelines for the administration of an international program in dentistry. At the present time, that ad hoc committee is engaged in a worldwide study of dental educational institutions and dental organizations to determine (*a*) the nature and extent of the interchange program which would be desirable, (*b*) the educational facilities available for utilization in an interchange program, and (*c*) possible sources of financial support for educational preparation of dental manpower, including travel support for teachers and research scientists. Although the results of the study of the ad hoc committee will not be available until July of 1966, there is not the slightest doubt that the largest, most insoluble problem will prove to be the difficulty of financing training opportunities.

GRANTS TO SCHOOLS FOR TRAINING FOR INTERNATIONAL HEALTH WORK

The associations which I represent are pleased to note that schools of dentistry are specifically included in the institutions which will be eligible for grants to establish, expand, and operate programs for the specialized training of health personnel for service in foreign countries. We are particularly pleased to note, as well, that the proposed legislation provides authority for the payment of travel both for dental educators from this country to others throughout the world where dental education is less well developed and for assistance to teachers and scholars from other countries to travel to the United States. In this regard, I should like to quote again from the "Statement of Principles Regarding the Acceptance of Dental Graduates from Other Countries" of the American Association of Dental Schools with respect to the high priority which the dental schools in our country have placed on a teacher interchange program:

"The American Association of Dental Schools concurs with the basic philosophy expressed in the Report of an Expert Committee on Dental Health (World Health Organization, Technical Report Series, No. 244, 1962) to the effect that the permanent solution of dental health problems throughout the world will be achieved only through the development of adequately educated local personnel created by a cadre of dental educators in less well developed countries by means of formalized interchange programs for teachers. The American Association of Dental Schools is willing and anxious to cooperate in the development of an effective international teacher interchange program."

Both the American Dental Association and the American Association of Dental Schools have recorded their intention of participating in the establishment and maintenance of a list of dental faculty members who are interested in teaching positions in other countries, including their qualifications for interchange teaching appointments. In addition, the two associations are prepared to cooperate with individual dental schools in the development of specialized training programs for dentists interested in foreign assignments and to serve, if the need develops, in a coordinating capacity in this area.

DENTAL DISEASE IN UNDERDEVELOPED NATIONS

The expansion and improvement of health services in the underdeveloped lands is a goal this Nation, with the other advanced nations of the world, has striven to accomplish for many years. Yet today, with all of the effort put forth, we must admit that millions of persons in the less developed countries are suffering and dying simply because health services are not available to them. There must be an intensified dedication by the United States as the leader of Western civilization to contribute much more to alleviate unnecessary suffering and death in the African nations, India, Pakistan, Vietnam and many other less fortunate countries.

No one dies of dental disease, it has been said. With the exception of oral cancer, this may be almost a truism in the United States. But in many other

countries, untreated dental disorders rapidly advance to such gross conditions that death may be a direct result. Where there is little or no professional dental services available, the dental disease problem approaches a magnitude beyond the belief of United States dentists. Let me illustrate by quoting an oral surgeon, Dr. Herbert J. Bloom of Detroit, who has served aboard the *S.S. Hope* as dental director. In a report of *Hope*'s 1961 mission to southeast Asia, Dr. Bloom recounted one of his experiences as follows: [2]

"* * * The 60 dentists of Vietnam can no more cope with the oral problem of more than 12 million people than can the 300 dentists of Indonesia meet the requirements of population that exceeds 90 million. * * *

"Although Project Hope provided facilities and staff for a complete dental teaching-service program, the most urgent needs of the land visited fell within the scope of oral surgery. The problem of high incidence of oral disease is made worse by the almost total absence of advanced oral surgery teaching in the curriculums of the schools of dentistry. Lack of educators in this field, meager school equipment, few of even the minimal scientific publications and the sharp delineation and poor communication found between the medical and dental professions have had a decidedly adverse effect on the professional personnel qualified to deal with the mass of oral infections, tumors, and deformities. The limited number of general surgeons are so overburdened with general surgery that the oral and maxillo-facial disturbances are left untreated. These conditions often progress to fatal termination; other unfortunate victims who are left must adjust to living with terrible disfigurement and associated personality problems. * * *"

In a letter to one of his colleagues in the United States, Dr. Bloom dramatically summed up his southeast Asia experience on *Hope* in these words:

"I will never forget the day I left Saigon; there were hundreds of people on the dock, holding up their children showing us the cases of cleft palate, tumors, malignancies that we had not the time to treat. If I could put in a word what their eyes so poignantly cried out, it was "hope." We in the United States must answer it because we are humanitarians, and we must answer it if we ourselves are to survive in this world." [3]

RECOMMENDATION

The American Dental Association and the American Association of Dental Schools believe that H.R. 12453 can significantly contribute to the expansion and improvement of health services for people in foreign lands, principally in the underdeveloped and less developed nations of the world. The two associations believe that the policy stated in section 2 of H.R. 12453 is sound. It is "to provide assistance to those countries who are working to help themselves develop needed health services." In 1957, the House Committee on Interstate and Foreign Commerce in its report on international health activities of the United States declared an almost identical position: "In helping a country build up its health facilities, emphasis is placed upon the self-help principle * * * the responsibility must be assumed by the people themselves. Time and again this approach has proved successful." [4]

The American Dental Association and the American Association of Dental Schools believe further that the training of native personnel to provide the needed health services in underdeveloped countries is a first priority. This should be done through expansion and improvement of programs in U.S. schools for training personnel from needy countries. Again to quote from the 1957 report of this committee:

"Eventually, all countries may have their own, indigenous facilities for training the health personnel they need. In the meantime, however, their progress toward self-sufficiency can be speeded up by providing key workers with the advanced training that is available only in the United States and other highly developed countries * * *." [5]

Dr. KERR. Mr. Chairman and members of the committee, my name is Dr. I. Lawrence Kerr of Endicott, N.Y.

I am in private practice in that city and am, in addition, a member of the Council on Legislation of the American Dental Association.

---

[2] Journal of the American Dental Association, vol. 65, August 1962, p. 277.
[3] The Alph Omegan, December 1961, p. 188.
[4] H. Rept. 474, 85th Cong., 1st sess.
[5] Ibid.

I am here today representing that association as well as the American Association of Dental Schools. Accompanying me is Mr. Hal M. Christensen, director of the Washington office of the American Dental Association.

In addition to that I have extended myself to certain areas of health resources and so have been very interested in this and other similar types of legislation.

Our associations, Mr. Chairman, favor H.R. 12453 and believe it will further the work being done in the field of international health by private and governmental agencies. This measure, we believe, is in keeping with the tradition of this Nation in helping others to help themselves.

Surely, there can be no better application of this principle than in the field of health, for the diseases that scourge mankind respect no national boundaries and the cures we are seeking can be applied as effectively in Brazil or Thailand as in California or New York.

Within the proper professional sphere, the dentists of the United States have long taken an active interest in international health matters.

The American Dental Association is a principal contributor to—and leader of—the programs of Federation Dentaire Internationale, the worldwide association of national dental groups.

The association has, as well, supported and helped identify and secure personnel for such programs as Hope and Medico as well as maintaining active liaison with the World Health Organization, the Pan American Health Organization, the Agency for International Development, and the Institute of International Education.

One present project of note is with the Inter-American Association of Sanitary Engineering and is directed toward advancing community fluoridation in Latin American countries.

For several years, in addition, the dental schools of the United States have been engaged in both student and faculty interchanges with other countries of the world. Just a few years ago, the American Association of Dental Schools made a survey of its members to determine the extent of this involvement.

It is apparent from the study that the program is more sporadic than it should be, primarily because the severely limited funds available to dental schools are exhausted by other, higher priority demands.

The survey, however, also made two other points clear. First, that the dental schools were agreed that they had an obligation to provide education at the graduate and postgraduate level to prepare some of our dentists to help underdeveloped nations to organize educational systems and dental public health and care programs; always, of course, looking to that time when such nations would be capable of taking over the entire responsibility for their health care systems.

A number of the Nation's dental schools indicated readiness, in the survey to which I have referred, to undertake such programs quickly if sources of financial support could be found. H.R. 12453 would provide some help in this regard.

The support that H.R. 12453 would make available, of course, does not touch all aspects of the international health effort. It does not, for example, provide an expanded opportunity for professional personnel from other lands to seek graduate or postgraduate education in this Nation's health schools.

This very committee, in 1957, identified as "the greatest obstacle to the development and expansion of health personnel in other countries," the fact that "most of the underdeveloped countries neither have such personnel now nor have the facilities for training them."

We raise this point not necessarily to suggest any changes in H.R. 12453 as it stands or to denigrate what is a worthwhile proposal, but simply to attempt to realistically assess the part this measure can play in the overall effort in the field of international health.

H.R. 12453, in and of itself, will not meet many of the problems we face in international health but it will be helpful in taking us further down the road toward our goal of making the presently underdeveloped nations strong enough to stand on their own feet in providing health care for their own people.

People, in the final analysis, are what we are talking about in the entire international health effort; people who are suffering and dying even though there exists elsewhere in the world the means to alleviate that suffering and even save those lives.

Though we face ourselves a very vexing problem in meeting the health needs of our own citizens, who rightfully have a special claim on our attention, we are, as a nation, strong enough in talent and money to spare some effort for others.

A dentist from Detroit, Dr. Herbert J. Bloom, who has spent much time in recent years working on the SS *Hope*, put it this way in a letter written after the ship had been to South Vietnam:

> I will never forget the day I left Saigon; there were hundreds of people on the dock, holding up their children, showing us the cases of cleft palate, tumors, malignancies that we had not the time to treat. If I could put in one word what their eyes so poignantly cried out, it was "hope." We in the United States must answer it because we are humanitarians, and we must answer it if we are ourselves to survive in this world.

Our association believe, with Dr. Bloom, that we must answer this cry. We have already begun to do so in many ways. H.R. 12453 will permit us to take one more step in that effort. We respectfully urge its passage.

Mr. Chairman, the American Association of Dental Schools and the American Dental Association are most grateful for this opportunity to appear before you.

This concludes our testimony and I would be happy at this time to attempt to answer any questions that you or members of your committee may have.

Mr. Moss. Thank you, Doctor.

Mr. Rogers?

Mr. Rogers of Florida. Thank you, Mr. Chairman.

Thank you, Doctor, for your statement. How many dentists would you say we have now in the international field, in the World Health Organization representing this country or Pan American Health Organization, in any activity, Peace Corps, AID. Do we have any?

Dr. Kerr. It would be a difficult thing to assess. Probably a small part of the 234 referred to by the Surgeon General. I would say very few in those particular areas besides those that are in the international religious mission type teaching efforts.

Mr. Rogers of Florida. What would be the thrust? Do you think we should try to train foreign nationals? Do you think that should be

considered in this program and let them go back, or do you think it is still better to train our people and let them go over there?

Dr. KERR. We believe that we should train the foreign nationals in the area of teacher education, that we should also train this small number of our people to educate them and it is this step-by-step process of education with the ultimate result being better health for the people of their own countries.

We could not attempt remedial care for the nations of the world; no, sir.

Mr. ROGERS of Florida. What about equipment? Do you think it would be necessary for us to provide your equipment so that you could take it overseas to teach them how to use the equipment that we use over here?

Dr. KERR. I think that would be part of the program; yes, sir.

Many nations have developed their own technology and equipment and if we could educate them to use theirs or ours this would be a great step.

Mr. ROGERS of Florida. Are we aware of their technology and equipment in this country?

Dr. KERR. Yes, sir. I spent the last few days just checking some of it myself.

Mr. ROGERS of Florida. Do we have the competence to tell them how to use their own equipment?

Dr. KERR. Absolutely.

Mr. ROGERS of Florida. Thank you.

Thank you, Mr. Chairman.

Mr. Moss. Mr. Devine?

Mr. DEVINE. No questions.

Mr. Moss. Mr. Keith?

Mr. KEITH. No questions.

Mr. Moss. Doctor, I want to thank you for your appearance. I have no questions at this time.

Dr. KERR. Thank you, sir.

Mr. Moss. The committee will now recess and will resume hearings at 1:45 this afternoon.

I might add that at that time we will start with Dr. Charles Hudson, president-elect of the American Medical Association.

(Whereupon, at 12 o'clock, the committee recessed, to reconvene at 1:45 p.m. the same day.)

AFTERNOON SESSION

The CHAIRMAN. The committee will come to order.

We had finished hearing the last witness when we adjourned at noontime.

The next witness to appear would be Dr. Charles Hudson, president-elect of the American Medical Association.

Dr. Hudson, would you take the stand, please? I want to congratulate you on being president-elect of the very important American Medical Association. We are glad to have you here and you may proceed as you see fit, to give your written statement or to put the written statement in the record and summarize it.

We would like for you to identify your two associates you have with you.

STATEMENT OF CHARLES L. HUDSON, M.D., PRESIDENT-ELECT, AMERICAN MEDICAL ASSOCIATION; ACCOMPANIED BY PAUL R. M. DONELAN AND HARRY N. PETERSON, LEGISLATIVE DEPARTMENT, AMA

Dr. HUDSON. Mr. Chairman and members of the committee, I am Dr. Charles L. Hudson, president-elect of the American Medical Association, and a practicing physician from Cleveland, Ohio, where I have been in the practice of internal medicine for over 25 years.

We me are Mr. Paul R. M. Donelan, on my left, and Mr. Harry N. Peterson, on my right, attorneys on the legislative department staff of the AMA. I would like to read my statement into the record.

The American Medical Association is pleased to appear before this committee in support of H.R. 12453, the International Health Act of 1966. Your bill, Mr. Chairman, is in recognition of the great need that exists throughout many areas of the world for the amelioration of human suffering caused by disease.

As we understand it, H.R. 12453 would provide grants to schools of health to train professional health personnel to work in international health and would also augment the ranks of health personnel in the Public Health Service for work in foreign countries. Exporting knowledge to needed areas of the world through increased numbers of health personnel trained in this country would be a significant step in making modern medicine available to developing regions around the world.

This committee is aware that the excellence of medical education in the United States is not surpassed anywhere in the world. This Nation has become the medical training center to which students and physicians now come from all over the world.

Your bill, Mr. Chairman, recognizes the need for health personnel, trained in this country, to go directly into areas lacking adequate facilities, personnel, and the latest scientific know-how. With this humanitarian goal—to make available to these regions of the world the benefits of modern medicine—the medical profession has long been in accord.

I should like to briefly relate some of the activities of the AMA in the field of international health. The AMA interest in international health dates back to 1874, when the house of delegates proposed that representatives be sent to the International Medical Congress.

The expanded interest and activities of the AMA in recent years stimulated the creation in 1961 of the AMA Department of International Health. It is this department which coordinates and supervises the international health activities of the association.

One area of significance and increasing activity concerns the placement of U.S. physicians overseas. There has been a great upsurge in interest among American physicians to serve abroad. The department maintains a greatly expanded registry of opportunities for such service. Various potential sources of such employment are contracted, including a host of industrial corporations, missionary societies, voluntary agencies, governmental organizations, steamship lines, and professional and educational groups.

The association also fosters assistance to physicians who are serving missions in foreign lands. Affiliate memberships in the AMA have

been approved for medical missionaries, and assistance and advice on problems encountered by medical missionaries are offered under this program. Hundreds of complimentary subscriptions to the Journal of the American Medical Association and the nine Archives publications are made available to these physicians of every denomination. The association also arranges speaking engagements and locates continuing medical education courses for furloughed missionary personnel, and will assist in locating used and surplus medical equipment, drugs, medical journals, and textbooks through U.S. collection and distribution agencies.

The AMA also forwards to the appropriate missionary agencies applications from volunteer physicians desiring to serve abroad in mission posts.

Additional activities of the association may be briefly listed as follows:

Clearinghouse and repository for international medical information;

Publication of a directory of international medical material collection programs;

Publication in AMA News and the Journal of reports on international health developments;

Designation of AMA members to attend international congresses and foreign medical society meetings, and the reporting of these proceedings in AMA publications;

Furnishing of simple, basic public health information scripts for transmission abroad;

Furnishing medical literature, radio spot materials and interviews, press releases, feature stories, library materials, and issues of the AMA Today's Health magazine.

Part of the association efforts in the area of international health have been devoted to the sponsorship and participation in conferences and meetings:

In 1962, and again in 1963, the AMA sponsored conferences on international health attended by representatives from over 200 diverse U.S. organizations engaged in international health activities abroad. These were the first time that so many international medical multidisciplinary groups had been convened.

The AMA is currently supporting the third World Conference on Medical Education to be held in India in November of this year. This conference recognizes the need to establish health services in nations at an early stage of development when rapid social change is taking place.

And in November of 1965, the association sponsored a Western Hemisphere congress on nutrition, designed to bring physicians and other informed persons from all nations of the hemisphere to share their experiences with nutrition problems.

The AMA was one of the founders and is a principal financial supporter of the World Medical Association, which has representation from national medical associations in some 57 countries. Physicians are brought together from all over the world for consideration of common problems in medicine and the means to improve its standards.

Mr. Chairman, while I have mentioned some of the association activities in the field of international health, two additional endeavors

deserve mention, although you may already be aware of them because of recent publicity concerning them. One concerns the cooperation of the American Medical Association in Project Vietnam. The AMA responded to administration requests and has helped recruit physicians for Project Vietnam, which seeks to send volunteer U.S. physicians to serve civilians in that war-torn land.

The other is a project concerning participation by the American Medical Association with the U.S. Agency for International Development in supporting the faculty of medicine at the University of Saigon. At the request of the U.S. Department of State, a four-member AMA team will make an on-site inspection in Saigon to consider the possibility of developing a program to supplement the Vietnamese teaching faculty at Saigon University with American-trained medical educators and consulting professors. Supporting faculty from the United States would cooperate with the existing faculty of medicine at the university, where a number of new facilities are being prepared for the medical school.

Mr. Chairman, in 1963 it was my privilege to address the second AMA Conference on International Health. I believe that the following from my remarks is pertinent here, and with your permission I would like to read them.

> Today we need but look to our dedication as physicians to realize that the knowledge of the medical sciences belongs not to one group or to one nation but to the entire world, and the international meetings on health which are held with increasing frequency nowadays serve as means by which we can share new medical knowledge and techniques with our physician colleagues from every part of the world.
>
> Today the globe has so shrunken that the ills of our neighbor nations are our very own. To do unto them as we do unto ourselves has become a firm rule in the matter of world health. In the words of the American Medical Association, "* * * international medicine is a forte for truth, compassion and human service. And no political nor ideological considerations can obscure the fact that people and their everlasting need for new routes to healthfulness are that with which the physician—every physician, from every continent and speaking every language—is incessantly occupied."

There can be no disagreement that there exists an urgent need for spreading available medical knowledge to many areas of the world in order to upgrade their existing quality of medical care. Within our resources to do so, our country should contribute its part to accomplish this goal. Mr. Chairman, your committee should be commended for its consideration of legislation intending to help meet this great need.

We wish to thank you for this opportunity, sir, to express the views of the American Medical Association. I shall be pleased to attempt to answer any question which the members of the committee may wish to ask.

The CHAIRMAN. Thank you, Doctor.

I am very much interested in the great interest and activity that your association has had in international health. You have carried this on for a long period of time and it looks to me like you have been a forerunner. I also would like to congratulate you on your statement you made before the conference of UNESCO.

You have said here that you are for the bill, and for the principles of it?

Dr. HUDSON. Yes, sir. We are for this bill.

The CHAIRMAN. Well, we certainly are very happy to have the backing of the American Medical Association. We hope to refine the bill before it is over with, but that will be at the will of the committee.

Mr. Moss?

Mr. MOSS. Mr. Chairman, I have no particular question at the moment. I would like to reciprocate Dr. Hudson. I note on page 6 that you commend this committee for its consideration of the legislation. I would like to commend you and your organization not only for support of the legislation, but for the substantial involvement already underway in aiding in the export of American medical know-how.

Dr. HUDSON. Thank you, sir.

The CHAIRMAN. Mr. Keith?

Mr. KEITH. No questions, Mr. Chairman.

The CHAIRMAN. Mr. Kornegay?

Mr. KORNEGAY. No questions, Mr. Chairman.

The CHAIRMAN. Dr. Carter?

Mr. CARTER. I just want to compliment Dr. Hudson for his excellent presentation.

The CHAIRMAN. Mr. Satterfield?

Mr. SATTERFIELD. No questions, Mr. Chairman.

The CHAIRMAN. Well, again, I want to say thank you for coming. I certainly was personally interested to know of your activities in the field.

Thank you again for taking your time in coming here and your associates for coming with you.

Our next witness will be Dr. Helen B. Taussig, president of the American Heart Association and professor emeritus of Johns Hopkins University, Baltimore, Md.

We are glad to have you with us, and you can proceed in any way you want to, reading your statement or inserting it in the record and summarizing it.

We know of your great reputation in the field—in many fields, in fact—especially in the heart field. So, if you would proceed.

STATEMENT OF HELEN B. TAUSSIG, PRESIDENT, AMERICAN HEART ASSOCIATION

Dr. TAUSSIG. Thank you very much. I am happy to be here. I have just a short prepared statement and, as you say, I am president of the American Heart Association and professor emeritus of pediatrics of the Johns Hopkins Hospital.

I have long been interested in the training of foreign fellows in my clinic and have had the privilege of teaching in India for a month or more.

I also wish to say in the beginning that I am here primarily in behalf of the American Heart Association and we are in strong agreement with the testimony presented before by Dr. Stebbins and by Dr. Hunter. It was very excellent testimony and I will not try to reiterate what they have said.

We are strongly in favor of the bill.

I believe that the International Health Act is a brilliant conception of a valuable and practical way in which the United States can coop-

erate internationally to improve the health of less fortunate countries. I say "improve" because even though we should fail to attain the entire objective of the bill, namely, the eradication of the major diseases, the undertaking will most certainly improve the health of these countries.

The bill favors the training of men and is designed to stimulate men to enter a career in the field of international health. I think it is a wonderful career; it has great satisfaction in helping mankind and also it acts as a strong force in international good will and understanding, one of the facts that has not been emphasized so much.

In our previous testimony the American Heart Association has stressed the need for increased manpower. Of course, as brought out this morning this calls for additional medical manpower and thus emphasizes the importance of increasing the number of medical schools in the country and expanding the schools that we now already have. All our medical schools must remain of top quality. To maintain academic excellence, the school must not only give good clinical training but must also contribute to the advancement of knowledge and keep up their research work, which must not be curtailed.

Another point which may need clarification—and it was not clear to me—is the status of the Commonwealth of Puerto Rico in this program. Puerto Rico not only has problems of its own that are similar in many ways to those of the underdeveloped countries, but also they have contributed greatly to an understanding of these problems. Their experience could be of great help in the problems which confront us in some of the underdeveloped countries. I believe it is the intention of the bill to include Puerto Rico, but just to make sure that there is no misunderstanding on this point.

Actually, the bill calls for more money than men because the bill will support foreign men who can and will assist in the teaching and training of the special diseases in their country. Furthermore, this feature of the bill insures one of its great objectives; namely, that the medical program will be of a true international character. From a purely selfish point of view, the program cannot help but benefit our own country as the study of disease and how it affects persons in other countries aids in our understanding of the manner in which the disease may affect persons in this country.

There is another aspect that I think is extremely important. Our Secretary of State, the Honorable Dean Rusk, in his address at the White House Conference on Health, emphasized the tremendous importance of international cooperation in areas of mutual agreement in this world in which our differences have the potential danger of the annihilation of mankind.

The Secretary of State further emphasized that medicine was nonpolitical and that just as disease and germs know no international boundaries, so men who work in the field of health have a mutual interest in the welfare of mankind which surpasses all political consideration.

In the light of the constructive international cooperation created by this bill, the amount of money requested and the number of men required to make this program a success is indeed small. The measure should have the wholehearted support of the Nation, as it does of the American Heart Association.

I would be glad to answer any questions that I can.

The CHAIRMAN. I am sorry your Congressman, Mr. Friedel, is not here.

Mr. Moss, would you have any questions?

Mr. MOSS. Mr. Chairman, I have no questions. I join you in expressing the regret of Congressman Friedel, who asked that I convey to you his regrets that he would not be able to be present. He assured me he had had the privilege of working with you when he served as a member of the City Council of Baltimore.

Dr. TAUSSIG. Thank you very much.

Mr. MOSS. I think you have made an excellent statement. I concur in your evaluation of the objectives of the legislation.

Dr. TAUSSIG. Thank you. Thank you very much.

The CHAIRMAN. Mr. Keith?

Mr. KEITH. No questions, Mr. Chairman.

The CHAIRMAN. Mr. Kornegay?

Mr. KORNEGAY. No questions, Mr. Chairman.

The CHAIRMAN. Dr. Carter?

Mr. CARTER. Dr. Taussig, were you not one of the first people to do the heart surgery with Dr. Blalock at Johns Hopkins? Did you do that by yourself? Did you work with Dr. Blalock?

Dr. TAUSSIG. Yes, I did. I am not a heart surgeon; I am a very good parlor surgeon, but I do no actual operations myself.

Mr. CARTER. Yes, ma'am. We have heard a great deal about you and we are, of course, honored to have you with us here today.

Dr. TAUSSIG. Thank you.

Mr. KEITH. Mr. Chairman, while we are on the subject of Dr. Blalock, is Dr. Bahnson still at Hopkins?

Dr. TAUSSIG. He is now at Pittsburgh. He is doing heart surgery there. Dr. Gotts and Dr. Helen are doing heart surgery at Hopkins now.

My clinic has been doing the diagnosis, and still is.

Mr. KEITH. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Satterfield?

Mr. SATTERFIELD. No questions, Mr. Chairman.

The CHAIRMAN. Well, Doctor, we are very honored to have you come before the committee, someone with the reputation you have in your field. We are granteful to you for taking your time to come over and give us the benefit of your views in this excellent statement you have given us.

Dr. TAUSSIG. Thank you.

The CHAIRMAN. Thank you very kindly.

Dr. TAUSSIG. Thank you very much for permitting us to come over. I am sure the Heart Association appreciates it also.

Thank you.

The CHAIRMAN. Our next witness is Dr. Max M. Pomerantz, president of the American Association of Colleges of Podiatry, and dean of the Ohio College of Podiatry.

Dr. Pomerantz, we are happy to have you with us, sir, and you may proceed as you wish, put your prepared statement in the record and summarize it or read it.

STATEMENT OF MAX M. POMERANTZ, M.D., PRESIDENT, AMERICAN ASSOCIATION OF COLLEGES OF PODIATRY

Dr. POMERANTZ. Thank you very much, Mr. Chairman and members of the committee.

Since the statement is short, I will attempt to read it and then answer any question that may be present in your own minds.

Mr. Chairman and members of the committee, I am Max M. Pomerantz, M.D., president of the American Association of Colleges of Podiatry and dean of the Ohio College of Podiatry in Cleveland, Ohio.

The International Health Act will add a new and important dimension to our country's programs of international cooperation and the American Association of Colleges of Podiatry wholeheartedly supports the provisions of H.R. 12453.

For many years the colleges of podiatry in the United States have welcomed those from abroad who have an interest in foot health. These visitors seek our assistance because foot conditions, and their resultant disability and complications, are common to all parts of the world, affecting the general population, but particularly the young and the aged.

In 1962, with the assistance of the Department of State, delegates from foreign countries were invited by the American Podiatry Association to a most successful international conference on foot health here in the Nation's Capital. This was followed by a visit to the Ohio College of Podiatry in Cleveland which, incidentally, is observing its 50th anniversary this year.

We have also gained some knowledge of the high prevalence of foot disorders through the periodic visits of official representatives of the American Podiatry Association to countries in all parts of the world, including some in Eastern Europe.

In many cases, these visits resulted from invitations extended by foreign governments and their health agencies. This experience is best summarized by reports of three extended visits made by Dr. Marvin W. Shapiro, a past president of the association. Dr. Shapiro concluded that foot health is one of the most universally neglected public health problems and that the high standards of podiatric care in America do not exist in any other country.

The specialized program of education offered by American colleges of podiatry is far advanced above that which is available in other countries. Our five colleges are all private, accredited, nonprofit institutions and the educational period covers 6 years with a minimum of 2 years of prepodiatry courses comparable to the premedical curriculum followed by a 4-year degree-conferring course of basic and clinical sciences and services.

Many graduates also acquire additional training through internship programs sponsored by our colleges and some hospitals in various parts of the country. In contrast, for example, the colleges in England offer only a 3-year training program at this time. Other countries spend even less time in their programs.

This brief statement is presented in order to identify the need for improving the foot health of the people in many parts of the world and to offer the cooperation and assistance of the American colleges of podiatry in meeting this need.

In conclusion, I am confident that the provisions of H.R. 12453 will help our colleges establish and implement specialized international health training programs in the field of foot health care.

I appreciate this opportunity of appearing before the committee in support of this bill and will be pleased to answer any questions at this time.

Thank you.

The CHAIRMAN. Thank you for giving us the benefit of your views and those of your organization and association.

Mr. Moss?

Mr. Moss. No questions.

The CHAIRMAN. Mr. Keith?

Mr. KEITH. No questions?

The CHAIRMAN. Mr. Satterfield?

Mr. SATTERFIELD. No questions, Mr. Chairman.

The CHAIRMAN. Dr. Carter?

Mr. CARTER. No questions, sir.

The CHAIRMAN. Again, I want to thank you for taking the time to come and give us the benefit of your views and the views of your association. You, as I observe, are wholeheartedly in favor of the bill?

Dr. POMERANTZ. Yes, sir; we are.

The CHAIRMAN. And its objectives?

Dr. POMERANTZ. Yes, sir; that is correct.

The CHAIRMAN. And you have made some moves in the international field before this time?

Dr. POMERANTZ. That is correct, sir.

The CHAIRMAN. Thank you again.

Dr. POMERANTZ. Thank you very much.

The CHAIRMAN. Is Mr. David Whatley present?

(No response.)

The CHAIRMAN. If not, he was our last scheduled witness, and he will be allowed to present his statement for the record.

This concludes our hearings on H.R. 12453. The record will remain open for 5 days for additional information to be presented.

The committee hearing is now closed.

(The following material was submitted for the record:)

STATEMENT BY THE AMERICAN VETERINARY MEDICAL ASSOCIATION, SUBMITTED BY D. H. SPANGLER, D.V.M., PRESIDENT

The alleviation and eventual abolishment of global hunger, misery, and disease is one of the main goals of the proposed legislative measures of H.R. 12453.

The veterinary medical profession in the United States, represented by the American Veterinary Medical Association, wishes to express its firm belief that it can make a substantial and sustained contribution to the achievement of this important national and international undertaking. For a health program of the magnitude as outlined in H.R. 12453, veterinary medicine must be a partner of consequence. This conviction is based on the fundamental facts of life, health, and economics, on the lessons of history, and on the testimony of authorities of the highest reputation. Briefly, these facts are as follows:

The social and economic progress of a developing nation depends first of all upon the health and vigor of its human population. Human health and welfare depend to a very great extent upon the adequacy of man's food supply and the effectiveness of measures to protect his health. Stable institutions cannot be expected to materialize among sick and hungry people. Undernourished and debilitated people are not effective workers, and the ability of children to learn is

impaired by inadequate diet. Social and political institutions deteriorate. Economic development is impossible in the face of hunger and ill health.

Much of the earth's surface, particularly in areas inhabited by developing nations, is unsuited for the production of crops that can be used as human food. These areas, however, lend themselves to the production of crops highly suited as feed for farm animals. A productive livestock industry as a source of nutrients of highest quality, particularly animal protein, therefore, is not only a desirable possibility, but a necessity for a large number of the world's developing nations. Not only do people require adequate quantities of food, but of even greater importance is its quality. Foods of animal origin are irreplaceable sources of vitally needed high quality proteins.

No country in the world has ever developed a sound and productive livestock industry without establishing, at the same time, a comprehensive system of veterinary medical services. Moreover, no country has ever opened up markets, both domestic and foreign, for its livestock and livestock products unless it achieved reasonable freedom from animal diseases.

Meat, milk, and other food products from diseased animals cause malnutrition, disease, and death. More importantly, many animal diseases directly affect the health of man. The chief cripplers of people in many underdeveloped countries are diseases of animals transmissible to people, such as Chagas' disease, hydatidosis, leishmaniasis, bovine tuberculosis, brucellosis, leptospirosis, and Japanese B encephalitis. People can be protected from these and other animal diseases only by controlling and eradicating them first in animals. Hence, the health of the people in underdeveloped areas depends upon the development of adequate veterinary medical services.

It is virtually impossible to develop a productive livestock industry in a country with inadequate veterinary medical service. The Pan-American Sanitary Bureau has estimated that the elimination of epizootic animal disease from South America would increase the food supply of animal origin in that continent by 25 percent. Huge tracts of land in the tropics, highly suited to livestock production, are rendered nonproductive because of tropical animal diseases. It is not realistic to expect that animal production can be improved significantly before veterinary medical services are developed.

The United States offers the prime example of what veterinary medicine can contribute to a nation's health and economic welfare. Here veterinarians, by employing all medical and scientific knowledge essential to the fight against disease, both animal and human, have made American livestock the healthiest and most productive in the world. Doctors of veterinary medicine, caring for the health needs of farm animals, assure this Nation of a plentiful and wholesome supply of protein foods. By eradicating major livestock diseases many of which, such as tuberculosis and brucellosis, are communicable to man, they have freed this country of major threats to human health and economic stability.

Veterinary leaders are convinced that veterinary medical science can become an effective force in programs of international health and economic development. Such a program should include veterinary medicine's responsibility for animal disease control; for the controlled movement of livestock in the world today as a means of minimizing the spread of animal diseases internationally; for the protection of production capacity of domestic and foreign animal agriculture, and for the protection of the health of man against animal diseases.

To accomplish these goals requires, first of all, further increases in developing veterinary medical resources in the United States. Second, it requires a well-conceived and coordinated master plan for the effective national and international utilization of the profession's services.

The veterinary profession in the United States possesses in its 18 colleges of veterinary medicine a reservoir of skills and knowledge which lends itself ideally to the implementation of these aims. Serving all 50 of the United States, these colleges represent a small but vitally important national resource. The American Veterinary Medical Association therefore proposes a program of grants to these colleges for the following purposes: To strengthen and enlarge their existing international programs; to increase the number of faculty members having experience with the conditions and requirements of foreign countries; and to establish programs which will train both undergraduates and graduates for service in developing countries.

Furthermore, the AVMA proposes that governmental agencies with responsibilities in the field of international economic development establish on their

central staffs positions for well-qualified veterinarians experienced in the international field and trained in the principles of preventive medicine. These veterinarians would be immediately available for backstopping of veterinary medical problems; they would accomplish needed liaison between health and agriculture, particularly in the fields of nutrition and the zoonoses. Moreover, these veterinarians would be needed for effective utilization of veterinary medical resources available from other Federal agencies, international organizations, colleges of veterinary medicine, and appropriate foundations.

In summary, the AVMA proposes the expansion of teaching facilities and faculty of veterinary colleges in the United States as a means of opening up veterinary resources which, we believe, are necessary for the effectiveness of international programs in health and economic development. Second, the AVMA proposes that veterinary medicine be fully integrated into those national and international agencies which are responsible for carrying out these programs.

We offer our assistance to the Congress and its agencies in any effort that will enable the veterinary profession to assume fully its necessary role as a partner in our Nation's concern for international health, and economic and political stability.

STATEMENT OF WARREN Z. LANE, M.D., MEMBER OF THE RESEARCH AND CLINICAL STUDY COMMITTEE OF THE NORWALK HOSPITAL, NORWALK, CONN.

Congressman Staggers, distinguished members of the committee, I am Dr. Warren Zeph Lane, a member of the Research and Clinical Study Committee of the Norwalk Hospital, Norwalk, Conn.

My purpose in presenting testimony to the committee is to urge your approval of H.R. 12453 and to suggest possible helpful additions to the language which is based on experience in international development.

The need in developing areas is for preventive measures against disease and malnutriation. The administration and planning for the application of such measures requires the best professional training as outlined by the bill. However, in order to meet the local requirements to provide the technical assistance indigenous personnel are required. They should be selected by the recipient country and sent for technical training to the United States.

The need is for medical assistants to give the medications and advise and educate concerning sanitation and diet. If the tribe is a nomadic pastoral group, this means travel with them to achieve this purpose. It means providing the medical assistant with radio communication, such as in Australia, so he is able to make decisions regarding transport to a regional hospital in emergent cases by conference with his supervisory professional. Needless to say, this work is difficult, dangerous, and most personal in its rewards.

Once field experience has been achieved, the medical assistants, as with any motivated group, should provide a cadre for advancing professionalism. It is from this group that future indigenous physicians will arise.

Needless to say, by sending in a team which will include a medical assistant as well as a veterinary assistant, and a teacher will provide the ultimate for this type of work. To assist the people and not their food supply is poor business. The teacher may be able to convince the young men to abandon tribal customs and become sufficiently literate to go to the regional school.

A practical example is the planning demonstrated by the illustrations submitted. (The material referred to will be found in the committee files.)

This represents an area of 30,000 square miles in Kenya. There are about 35,000 Samburu in this area and 1,500,000 cattle, goats, and camels. The people are not pleased with any attempt to change their way of life, and we feel it is only by systematic planning that their way of life will bend to technical and minimum health needs.

I therefore recommend that—

(*a*) A provision be made for community hospitals in the United States to participate in the training of medical assistants.

(*b*) A provision be made for coordination of activities with veterinary schools as well.

(*c*) A provision be made for teachers to be in the team of assistants.

Thank you for the privilege of presenting testimony. I am also presenting herewith a paper presented before the Connecticut chapter, R.E.S.A., January 7, 1966.

Human Ecology and Regional Development:[1] An Interdisciplinary Program

(By Warren Z. Lane, M.D.)

The social sciences, borrowing freely from more specialized disciplines for their methodology, have reached a maturity that promises to provide man with rational approaches to demographic and human ecological problems. Medical science has applied mass techniques for disease control; pharmacology has produced control medications at a cost that is not prohibitive to the poorest nation; veterinary science has developd genetic variants to increase protein food; agricultural science has developed disease resistant and superproductive food plants; chemical engineers have responded with petrochemicals, insectides, and fertilizers; and so it goes with a list that would take up the entire time. In each discipline, expansion of knowledge and the practical application of knowledge competes for the coordinating skills of administrators. In short, we are outdistancing the capabilities of the mind to encompass this needed data and creatively adapt this ratiocination to our general use. More could be said about computers here but it is another subject.

Developing countries recognize the urgency of providing food, education, and health facilities for their populations. The list of agencies and foundations that publish data on the developing nonalined states is long. The results that withstand scrutiny are those projects in which the human factors receive high priority. When the projects stray from these factors, the results are not adequate because of the venality, greed, and corruption that accompany them. Studies have been started, such as Project Camelot, to study human behavior; but the Communists prevented even superficial studies and created such a disturbance, the proposal was shelved. Project Camelot was in reality a study to determine what factors produce a desire for insurgency—which is, of course, the opening needed for wars of national liberation. When behavioral elements are accepted as the mores of the country, and projects designed to demonstrate how health, education, and welfare can be achieved, a quite different reaction occurs. The Communists will stand in line to receive their pill under those circumstances. Add to this a methodology that assures participation by the indigenous peoples and the project is well launched with a hope for viability and insulation from subversion.

Projects are not achieved by exporting American mores or our brand of democratic and socioeconomic development. The hue and cry of "neocolonialism" is raised before the first step is taken. Frequently, the loudest shouters are individuals with no technical or administrative training, but in whom the cancer of Communist doctrine has been implanted by the eternal promise of food and a place to sleep. The eternal desire for recognition and acceptance by U.S. agencies must be subtle and muted, or reactionary trends often obscure the main thrust of programs.

The great success achieved by Operation Crossroads Africa and the Peace Corps is primarily due to no publicity on the site, but recognition on a quiet basis at home by peers. The factor of personal participation on a shoulder-to-shoulder basis in which Yankee sweat is intermingled with indigenous sweat and food fads cannot be discounted. The same louse and the same flea bites Yankee skin as well and as deeply.

Data returned from many Agency for International Development projects, the Rockefeller Foundation and the Ford Foundation, to name but three of many, reaffirms the soundness of the human ecological approach. Policymakers in our Department of State have decided however, that we must "show the flag," and therefore go against the evidence to design projects that are not as sensitive as those which deal with human need. The trend is emerging at last for reconsideration of the flashy show to one of concentrating projects for local food, health, and education. The Johnson administration now will submit legislation to replace Public Law 480 with the "Food for Peace Act of 1966." The elements of this act will call for specific commitments in future programs for better seeds and fertilizer production at the site. Also, instead of stockpiling food and shipping, the policy may be to purchase in the open market. Finally, a food enrichment program in which vitamins, trace elements, and balanced amino acids will be used as additives should be accomplished at the site by indigenous workers, as well as the regional development of food protein "on the hoof."

To this end a consortium of U.S. companies have been negotiating with the Government of Kenya to develop a program based on the total ecological ap-

---

[1] Presented to the Connecticut chapter, R.E.S.A.: Jan. 7, 1966.

proach. This means that the interface between man and his environment will receive a systems analysis, just as the interface between his food animals, game, landscape, disease vectors, and the like will receive a similar study. The physical factors will be assessed by a systematic inventory and where applicable, the isolation of controllable variables will be established. Finally, the application will include dependent variables analysis for the purpose of establishing mathematical modes. Using sample techniques and weighing the data, a digital code will be established for recordkeeping and to relate to a hypothetical programed hypothesis. In all candor, we realize that where single units can be compared this system may work; but that when the whole system is on line the mass may come unhinged and create a blackout. But after all, this is one of the major objectives, and the program is projected for 30 years. The ultimate answer cannot be expected—only clarifications and indications of where the major problems are.

A preliminary survey in Kenya was done in January and February of 1964, and a planning conference was held at the Ministers' level in Nairobi in October of 1964. This conference produced a proposal which is seeking a sponsor and, hopefully, aid from our Government.

The area for development is a semiarid tract of 8,500 square miles with a mean altitude of 5,000 feet above sea level, of tableland, mountains, and valleys.

The tribe involved is a Nilo-Hamitic group called the Samburu. Except for local surveys no social studies in depth were completed until Dr. Paul Spencer of the Tavistock Institute lived with the Samburu for about 2 years from 1951 to 1953 on a nearly continuous survey. Their language is similar to Masai and they are actually considered to be a division of that tribe that separated more than a century ago. Their marriage customs are exogamic. The age grade system is presumed to be linear and not cyclic. Food customs are similar to the Masai in that they drink milk and eat meat occasionally. The meat is primarily mutton and goat as cattle are sacred. A few camels are herded and used for pack animals during their nomadic treks in search of grass. These movements are dictated by the need for grass and browse, salt, and water. Frequently, entire groups will move many miles when rain has fallen in that district which provides a growth of grass or improved browse.

Living conditions are primitive and the life is harsh, but except for trachoma and animal trauma, spear and knife wounds, and pneumonia, they are a very sturdy people. About 35,000 live in the area regularly with occasional increases from neighboring tribes, such as the Turkhana and Boran. They have resisted any modernization and are hostile and suspicious when schools are proposed or range management programs or bore holes for a regular water supply. The reasons for this is their reliance on a cattle economy. Also, the boys of school age are the herders. When they are ready for the circumcision ceremony, they join the ranks of juvenile delinquents and become "moran," or warriors. Having no battles to fight to gain favor with women, they go on cattle raids and raise hell in general. The young wives of the elders in this polygamous society are usually their source for sexual adventures. This is because the virgins are taboo and rape of virgins is punishable by death or dismemberment. The turmoil created is frequent and the elders lecture the morani frequently on their morals. This blissful existence ends at about age 35, when marriage is possible by gifts of cattle from their mothers' estates. Bachelors are few and widows become wife to the brother, but get no cattle dowry and little else but a roof and a child each year.

To solve some of the problems we propose that permanent stations be built that corresponded to trek routes and meteorological conditions. With sites developed and good range management they would have a steady source of income. By sending traveling teams with each clan, to teach medical aid and veterinary aid, it was felt the educational process could be expedited and less pressure for using the school age boys as herders might be feasible. The chances to improve health in man and animal were very good. An estimate of 8–10 years of education would be required before any imprint on the linear moran system would be possible.

To develop more cultivation for a varied and balanced diet we recommended atomic power for desalinization and pure water irrigation. Beside crops and tobacco there is an area where dates would grow in the northeastern area of the district. The date trade with Somalia, a Moslem nation, and the Middle East has a real potential. This because the date fly has nearly destroyed the date industry in Iraq and Iran. Similarly by the development of a slaughter facility,

dressed beef could be flown out to external markets. Electrical power is therefore needed for pumping, irrigation, and refrigeration.

In conclusion, we believe that this program may take 30 years to come to final stages. To presume to present the Samburu with Western or even local African socioeconomic programs is doomed to fail unless the scheme is adjusted to their way of life. When a sufficient number can be convinced of the worth of a cash economy, the clans will develop on their own. This may be far from a Texas style development, but the need for protein food and resettlement in a developing country may supercede the traditional way of life.

ANN ARBOR, MICH.,
February 21, 1966.

HON. HARLEY O. STAGGERS,
Chairman, House Committee on Interstate and Foreign Commerce, House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: I am writing to express my strong approval, both as dean of the School of Public Health of the University of Michigan and as president of the Association of Schools of Public Health, for H.R. 12453, the International Health Act of 1966.

The general purposes of this act are most important and I trust the Congress will approve it speedily. Almost 9 years of full-time experience in international health, as a staff member of the World Health Organization and the Pan American Health Organization, have fully convinced me of the great value of international health activities, not only for their intrinsic worth in saving lives and improving human resources but also as a medium of international understanding.

It has frequently been said, but cannot be repeated too often, that disease knows no boundaries. Vivid personal experiences of the speed with which bacteria can cross great distances move me to cite the benefit to the American people themselves, as well as to their brothers overseas, from such health activities. The goal of erradicating smallpox will mean in the long run not only saving in lives but great financial benefit to the American people as we reach the stage when control programs will not longer be needed. This, to be sure, is still far in the future but a beginning is vitally important.

Establishment of an international health career service is an exciting move for which most of us have wished devoutly these many years. Such a career service will allow interchange of personnel and will provide enormously valuable experience in preparation of health workers in our own country as well as elsewhere. The career service will also make much easier our task of recruiting faculty for international health.

The emphasis on training activities, and particularly participation of schools such as ours, is very welcome. All of the 13 accredited schools of public health in the United States are vigorously engaged in international health work, but this bill opens the opportunity for meaningful expansion and improvement.

In one respect I trust your committee will make an important deletion. Under section 213(c)2 (p. 9, line 6) I strongly urge deletion of the words "at the request of the Department of State." While I have great respect for the opinions of the State Department officers I respectfully submit that knowledge of health affairs does not fall within their range of competence. My experience abroad and in this country and my years as secretary-general of the Pan American Health Organization lead me to point out that involvement of the Department of State in such details as personnel assignment or approval of health projects can vitiate many of the gains. Furthermore, there is no need for such involvement. The influence of the State Department can and should be made at the policy level and through consultation with directors of the program. Insertion of the Department of State at an operating level with regard to individual career officers or individual programs can result in nothing but confusion and often ill will. I strongly urge deletion of these words.

I know that I speak on behalf of our member schools when I say that we shall welcome the opoprtunity to work with the Congress and the Public Health Service in implementing this highly worthwhile legislation.

Very sincerely yours,

MYRON E. WEGMAN, M.D.,
President (Dean, School of Public Health, the University of Michigan).

THE JOHNS HOPKINS UNIVERSITY,
SCHOOL OF HYGIENE AND PUBLIC HEALTH,
Baltimore, Md., February 24, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, House Interstate and Foreign Commerce Committee, House of Representatives, Washington, D.C.

DEAR CONGRESSMAN STAGGERS: I am writing you to support the International Health Act of 1966, H.R. 12453, which you recently introduced. I hope that your committee and the Congress will give favorable consideration to this creative piece of legislation.

My experience with medical personnel from other countries has been in the conduct of research in which representatives of several countries participated as a team. In one particular study, we have been especially interested in comparing the utilization of health services under varying circumstances. The opportunity to work with, teach, and learn from colleagues in other countries was a most rewarding experience and resulted in lasting friendships.

Apart from these contributions to peace, there are important opportunities for Americans to increase the capacity for other countries, particularly the developing countries to improve the valume and quality of the health services they provide their citizens. Able individuals are available in these countries but they need instruction and assistance. Too frequently, the assistance has been given by individuals from the United States who for one reason or another were not always our best representatives. The opportunity through the proposed legislation to provide young physicians, nurses, and other health personnel to work in these countries is a most important feature of the legislation.

In addition to experiences in other countries, the frequent contacts we have here at Johns Hopkins University with students from other lands, reinforces their desire to obtain the kind of help and assistance from their young American colleagues which your proposed legislation would provide.

I urge your committee and the Congress to act favorably on this legislation.

Yours sincerely,

KERR L. WHITE, M.D.,
Professor and Director.

AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY,
Washington D.C., February 23, 1966.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.

DEAR MR. STAGGERS: H.R. 12453, the International Health Act of 1966, is designed to produce within the Public Health Service a category of career personnel whose function will be to assist foreign countries in developing health services essential to the well-being of their people.

Grants to schools of the health professions will provide the essential specialized academic programs including firsthand knowledge through visitations to foreign lands. Secondly, the legislation will provide for an increase within the Public Health Service in the number of international health workers for assignment to foreign countries and for related activities in the United States.

The provisions of H.R. 12453 would add a new and important dimension to the concern we hold for people of other countries, and the American Association of Colleges of Pharmacy, through its executive committee, wishes to go on record as approving and supporting the objectives of this legislation.

The schools of pharmacy have, through the years, provided training for foreign students at both the undergraduate and the graduate level. Currently 200 (1.5 percent of our student body) are enrolled in undergraduate courses and 398 (approximately 25 percent of our graduate student population) are enrolled in advanced courses leading to the master of science or to the doctor of philosophy degree. Most of these students return to their native lands and utilize their health knowledge to the benefit of their people. Thus, schools and colleges of pharmacy are now aiding in international health work by training foreign students who will have the knowledge and ability to cooperate closely with U.S. health workers provided by this legislation.

The undergraduate educational program of schools of pharmacy requires a minimum of 5 years and provides an excellent training in the basic sciences and in professional courses concerned not only with the drugs used in the cure of

disease but with the cause of disease and with its significance in the well-being of a population. Certainly it is a program broad in scope which, with a minimum of specialized advanced training, would provide personnel capable of providing a broad spectrum of health services.

At the present time there are 241 pharmacists on active duty with the U.S. Public Health Service serving in many capacities: as administrators, as pharmacists in hospitals, and as scientists in highly specialized programs. In the past, at least some have served overseas with the Public Health Service.

This legislation embraces all of the health professions as evinced by the definition of the term "school of health." We wish to assure you of the interest and of the support of schools of pharmacy in the objectives of the legislation and, should it become law, in its implementation to the end that direct assistance through health service to peoples of foreign lands may decrease the hazards of disease and thereby contribute to the peaceful aims of our people.

Sincerely yours,

JOSEPH B. SPROWLS,
Chairman, Executive Committee.

(Whereupon, at 2:30 p.m., the hearing was adjourned.)

○